



**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: 10/20/08 to 11/24/08

1. Committee I.D. Number
150510

2. Committee Name
The Committee to Elect Mike Rivard for Roads

4. Candidate Last Name Rivard First Name Michael M.I. G.

4a. Office Sought Including District # or Community Served (If applicable)
Bay County Road Commission

4b. County of Residence

5. Committee's Mailing Address
840 N. Garfield Rd
Linwood, MI 48634

Area Code and Phone 989-879-5685

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
Michael G. Rivard
840 N. Garfield Rd
Linwood, MI 48634

Area Code & Phone 989-879-5685

7. Treasurer's Business Address
840 N. Garfield Rd
Linwood, MI 48634

Area Code and Phone 989-879-5685

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

DEC 4 2 25 PM '08

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
November 4, 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 G. Rivard Michael Rivard Date 12/24/08
Type or Print Name Signature

Candidate Michael G. Rivard Michael Rivard Date 11/24/08
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>747.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>747.00</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>385.95</u>	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>1,132.95</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>12.00</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>—</u>	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>1,326.08</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>1,326.08</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>3,350.00</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>326.66</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>1,132.95</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>1,459.61</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>1,326.08</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>133.53</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	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/26/08</u>	
Name & Address: <u>Andy Rivard</u> <u>944 Saganing</u> <u>Bentley, MI 48613</u>		\$ <u>6.00</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 checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/26/08</u>	
Name & Address: <u>Becky Van Sumneran</u> <u>889 Shady Shore</u> <u>Bay City, MI 48706</u>		\$ <u>6.00</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 checked="" type="checkbox"/> Fund Raiser			
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/26/08</u>	
Name & Address: <u>Marci Simstad</u> <u>3318 Broadmore Dr.</u> <u>Bay City, MI 48706</u>		\$ <u>6.00</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 checked="" type="checkbox"/> Fund Raiser			
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/26/08</u>	
Name & Address: <u>Sarah Escamilla</u> <u>2061 E. Coggins Rd</u> <u>Pinconning, MI 48650</u>		\$ <u>6.00</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 checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 24.00

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>Denege Barcia</u> <u>5406 Meadowbrook Dr.</u> <u>Bay City, MI 48706</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/26/08</u>	\$ <u>36.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: <u>Ed Simstad</u> <u>3318 Broadmore Dr.</u> <u>Bay City, MI 48706</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/26/08</u>	\$ <u>6.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3 Name & Address: <u>Nelson Niederer</u> <u>5402 Elmview Dr</u> <u>Bay City, MI 48706</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/26/08</u>	\$ <u>6.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4 Name & Address: <u>Bob Passage.</u> <u>3044 N. Union</u> <u>Bay City, MI 48706</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/26/08</u>	\$ <u>12.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 60.00
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**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

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3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/26/08</u> Name & Address: <u>Claudia Russell</u> <u>1762 S. Huron</u> <u>Kawkawlin, MI 48631</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 checked="" type="checkbox"/> Fund Raiser	\$ <u>6.00</u>	\$ _____ Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/26/08</u> Name & Address: <u>Barb Sulski</u> <u>37 Gohr Lane</u> <u>Bay City, MI 48706</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 checked="" type="checkbox"/> Fund Raiser	\$ <u>6.00</u>	\$ _____ Click Here for Memo Itemization
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/26/08</u> Name & Address: <u>Char Bodrie</u> <u>3834 Longfor</u> <u>Bay City, MI 48706</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 checked="" type="checkbox"/> Fund Raiser	\$ <u>6.00</u>	\$ _____ Click Here for Memo Itemization
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/26/08</u> Name & Address: <u>Max Emry</u> <u>3234 2 Mile Rd</u> <u>Bay City, MI 48706</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 checked="" type="checkbox"/> Fund Raiser	\$ <u>6.00</u>	\$ _____ Click Here for Memo Itemization

Page Subtotal 24.00

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3. Contribution #1 Name & Address: <u>Richard Henderson</u> <u>1112 Leng</u> <u>Bay City, MI 48706</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/26/08</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 checked="" type="checkbox"/> Fund Raiser		\$ <u>6.00</u>	Click Here for Memo Itemization
3. Contribution #2 Name & Address: <u>Dom Chevalier</u> <u>958 N. Jones Rd</u> <u>Essexville, MI 48732</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/26/08</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 checked="" type="checkbox"/> Fund Raiser		\$ <u>6.00</u>	Click Here for Memo Itemization
3. Contribution #3 Name & Address: <u>James Wakefield</u> <u>2967 S. Sunny Beach</u> <u>Bay City, MI 48706</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/26/08</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 checked="" type="checkbox"/> Fund Raiser		\$ <u>6.00</u>	Click Here for Memo Itemization
3. Contribution #4 Name & Address: <u>Marie Rivard</u> <u>1947 Bentley Road</u> <u>Bentley, MI 48613</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/26/08</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 checked="" type="checkbox"/> Fund Raiser		\$ <u>6.00</u>	Click Here for Memo Itemization

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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>10/26/08</u>	
Name & Address: <u>Schaub, Jim + Maureen</u> <u>309 Burns</u> <u>Essexville, MI 48732</u>		\$ <u>24.00</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 checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/26/08</u>	
Name & Address: <u>Erwin, Mike + Jeannette</u> <u>1312 Nebobish</u> <u>Essexville, MI 48732</u>		\$ <u>12.00</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 checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/26/08</u>	
Name & Address: <u>Steinhoff, Dick + Joanne</u> <u>301 State Street</u> <u>Bay City, MI 48706</u>		\$ <u>12.00</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 checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/26/08</u>	
Name & Address: <u>Reed, Becky</u> <u>4417 Darla Dr.</u> <u>Bay City, MI 48706</u>		\$ <u>24.00</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 checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 72.00
Grand Total of All Schedules 1A
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**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>Russell, Claudia</u> <u>1762 S. Huron</u> <u>KawKawlin, MI 48631</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/26/08</u>	\$ <u>6.00</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 checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2 Name & Address: <u>Poirier, Dennis</u> <u>1265 Orchard Drive</u> <u>Essexville, MI 48732</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/26/08</u>	\$ <u>6.00</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 checked="" type="checkbox"/> Fund Raiser			
3. Contribution #3 Name & Address: <u>Byington, Gloria</u> <u>2509 25th</u> <u>Bay City, MI 48708</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/26/08</u>	\$ <u>6.00</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 checked="" type="checkbox"/> Fund Raiser			
3. Contribution #4 Name & Address: <u>Van Sumeran, Chance</u> <u>889 Shady Shore</u> <u>Bay City, MI 48706</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/26/08</u>	\$ <u>6.00</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 checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 24.00

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3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/26/08</u>	
Name & Address: <u>Rivard, Robert + Georgianna</u> <u>1810 W. Norfolk Dr. #4</u> <u>Essexville, MI 48732</u>		\$ <u>12.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/26/08</u>	
Name & Address: <u>Smith, Dustin</u> <u>889 Shady Shore</u> <u>Bay City, MI 48706</u>		\$ <u>6.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/26/08</u>	
Name & Address: <u>Rivard, Gerald + Joyce</u> <u>752 N. Carter Rd</u> <u>Linwood, MI 48634</u>		\$ <u>12.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/26/08</u>	
Name & Address: <u>Heinz, Mary</u> <u>5754 Michael Drive</u> <u>Bay City, MI 48706</u>		\$ <u>12.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

~~36.00~~

42.00

Grand Total of All Schedules 1A
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1. Committee I.D. Number 150510
2. Committee Name The Committee to Elect Mike Rvard 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>10/26/08</u> Name & Address: <u>Snyder, Kellie + Jared</u> <u>1204 Elm</u> <u>Bay City, MI 48706</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 checked="" type="checkbox"/> Fund Raiser	\$ <u>12.00</u>	Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/26/08</u> Name & Address: <u>Joles, Betsy</u> <u>3048 Yorkshire</u> <u>Bay City, MI 48706</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 checked="" type="checkbox"/> Fund Raiser	\$ <u>12.00</u>	Click Here for Memo Itemization
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/26/08</u> Name & Address: <u>Horne, Bob</u> <u>414 Nebobish</u> <u>Essexville, MI 48732</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 checked="" type="checkbox"/> Fund Raiser	\$ <u>6.00</u>	Click Here for Memo Itemization
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/26/08</u> Name & Address: <u>Hintz, Betty</u> <u>823 S. Farragut</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 checked="" type="checkbox"/> Fund Raiser	\$ <u>6.00</u>	Click Here for Memo Itemization

Page Subtotal 36.00

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>Krakowski, Heather</u> <u>2610 S. Jefferson</u> <u>Bay City, MI 48708</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/26/08</u>	\$ <u>6.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: <u>Pike, Sue</u> <u>4192 3-Mile</u> <u>Bay City, MI 48706</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/26/08</u>	\$ <u>6.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3 Name & Address: <u>Aurnhammer, Pete</u> <u>2756 Schwab Road</u> <u>Bay City, MI 48706</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/26/08</u>	\$ <u>6.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4 Name & Address: <u>Suchodolski, Mark</u> <u>1110 S. Grant</u> <u>Bay City, MI 48708</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/26/08</u>	\$ <u>6.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 24.00
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>10/26/08</u> Name & Address: <u>Krakowski, Joanne</u> <u>2048 22nd Street</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 checked="" type="checkbox"/> Fund Raiser	\$ <u>6.00</u>	\$ _____ Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/26/08</u> Name & Address: <u>Suchodolski, Dennis</u> <u>1110 S. Grant</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 checked="" type="checkbox"/> Fund Raiser	\$ <u>6.00</u>	\$ _____ Click Here for Memo Itemization
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/26/08</u> Name & Address: <u>Martin, Herb + Mary</u> <u>408 N. Alp Street</u> <u>Bay City, MI 48706</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 checked="" type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ _____ Click Here for Memo Itemization
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/26/08</u> Name & Address: <u>MacDonald, Stan</u> <u>1408 N. Trumbull</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 checked="" type="checkbox"/> Fund Raiser	\$ <u>6.00</u>	\$ _____ Click Here for Memo Itemization

Page Subtotal 68.00

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>10/26/08</u>	
Name & Address: <u>Pingot, Robert</u> <u>5770 W 7-Mile</u> <u>Pinconning, MI 48650</u>		\$ <u>6.00</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 checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/26/08</u>	
Name & Address: <u>Byrne, Lynda</u> <u>525 Rhodes St.</u> <u>Pinconning, MI 48650</u>		\$ <u>6.00</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 checked="" type="checkbox"/> Fund Raiser			
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/26/08</u>	
Name & Address: <u>VanSumeran, Nina</u> <u>889 Shady Shore</u> <u>Bay City, MI 48706</u>		\$ <u>6.00</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 checked="" type="checkbox"/> Fund Raiser			
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/26/08</u>	
Name & Address: <u>Werth, Emily</u> <u>900 Germania</u> <u>Bay City, MI 48706</u>		\$ <u>6.00</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 checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 24.00

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

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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>10/26/08</u> Name & Address: <u>Hintz, Debbie</u> <u>5116 Oakhurst</u> <u>Bay City, MI 48706</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 checked="" type="checkbox"/> Fund Raiser	\$ <u>6.00</u>	Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/26/08</u> Name & Address: <u>Shore, Keith + Diana</u> <u>66 Old Kawkawlin</u> <u>Bay City, MI 48706</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 checked="" type="checkbox"/> Fund Raiser	\$ <u>12.00</u>	Click Here for Memo Itemization
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/26/08</u> Name & Address: <u>Fick, Bill</u> <u>3032 E. Birch Dr.</u> <u>Bay City, MI 48706</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 checked="" type="checkbox"/> Fund Raiser	\$ <u>6.00</u>	Click Here for Memo Itemization
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/26/08</u> Name & Address: <u>Zimmerman, Randy Rochelle+Collin</u> <u>3296 Broadmore Dr.</u> <u>Bay City, MI 48706</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 checked="" type="checkbox"/> Fund Raiser	\$ <u>15.00</u>	Click Here for Memo Itemization

Page Subtotal 39.00

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

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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>Cnudde, Sr. Robert</u> <u>1135 Heavenridge</u> <u>Essexville, MI 48732</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/26/08</u>	\$ <u>6.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: <u>Stanley, Dave</u> <u>1212 Joseph</u> <u>Bay City, MI 48706</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/26/08</u>	\$ <u>6.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3 Name & Address: <u>Nagy, Roger + Vickie</u> <u>1835 EN Boutell</u> <u>Linwood, MI 48634</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/26/08</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4 Name & Address: <u>Begick, Vaughn</u> <u>1313 Lorraine</u> <u>Bay City, MI 48706</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/26/08</u>	\$ <u>6.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 38.00

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>10/26/08</u> Name & Address: <u>Chudde, Robert + Terri</u> <u>409 Hill Street</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 checked="" type="checkbox"/> Fund Raiser	\$ <u>12.00</u> \$ _____	Click Here for Memo Itemization
3. Contribution # 2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/26/08</u> Name & Address: <u>Doan, Mary Ida</u> <u>600 N. DeWitt St.</u> <u>Bay City, MI 48706</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 checked="" type="checkbox"/> Fund Raiser	\$ <u>6.00</u> \$ _____	Click Here for Memo Itemization
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/26/08</u> Name & Address: <u>Doan, Jeff, Marie, Jared, Natalie</u> <u>214 S. Erie St.</u> <u>Bay City, MI 48706</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 checked="" type="checkbox"/> Fund Raiser	\$ <u>18.00</u> \$ _____	Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/26/08</u> Name & Address: <u>The Committee to Elect Mike Rivard</u> <u>for Roads</u> <u>840 N. Garfield Rd</u> <u>Linwood, MI 48634</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 checked="" type="checkbox"/> Fund Raiser	\$ <u>12.00</u> \$ _____	Click Here for Memo Itemization

Page Subtotal 48.00
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 <u> </u> PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>11/04/08</u> Name & Address: <u>Bay County Republican Party</u> <u>Bay City, MI 48708</u>	<u>\$200.00</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 <u> </u> 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		Click Here for Memo Itemization
3. Contribution #3 <u> </u> 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		Click Here for Memo Itemization
3. Contribution #4 <u> </u> 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		Click Here for Memo Itemization

Page Subtotal	<u>200.00</u>
Grand Total of All Schedules 1A (Complete on last page of Schedule)	<u>747.00</u>
Enter this total on line 3a of Summary Page.	



**ITEMIZED OTHER RECEIPTS
SCHEDULE 1A-1
CANDIDATE COMMITTEE**

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

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: <u>GFS</u> <u>3730 Wilder Rd</u> <u>Bay City, MI 48706</u> <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/28/08</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input checked="" type="checkbox"/> Other (Specify) <u>Fundraiser Food Return</u>	<u>\$35.95</u>
Receipt #2 Name & Address: <u>Mike Rivard</u> <u>840 N. Garfield</u> <u>Linwood, MI 48134</u> <input type="checkbox"/> Fund Raiser	Date of Receipt <u>10/23/08</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input checked="" type="checkbox"/> Other (Specify) <u>Loan to Committee to Elect Mike Rivard for Roads</u>	<u>\$350.00</u>
Receipt #3 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #4 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #5 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #6 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #7 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____	\$ _____

Page Subtotal 385.95

Grand Total of All Schedules 1A-1
(Complete on last page of Schedule) 385.95

Enter this total on
line 4 of Summary
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ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK
CANDIDATE COMMITTEE

1. Committee I. D. Number 150510
2. Committee Name The Committee to Elect Mike Rivaud 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) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
--	--	--------------------------------	---

Contribution # 1 PAC Receipt? Yes

Name & Address:
Nelson + Jodi Niederer
5402 Elmview Dr.
Bay City, MI 48706

If over \$100.00 cumulative, please provide:
Occupation: _____
Employer Name & Business Address: _____

4. Endorsement or Guarantee of Bank Loan
 Goods Donated or Loaned Services Donated
 Goods or Services Purchased by Candidate or Others
 Goods or Services Purchased by Candidate or Others- LOAN

Description Milk for fundraiser

5. Date Of Receipt: October 26, 2008

6. Vendor Name & Address: _____

Click Here for Memo Itemization

Fund Raiser Contribution

Contribution # 2 PAC Receipt? Yes

Name & Address: _____

If over \$100.00 cumulative, please provide:
Occupation: _____
Employer Name & Address: _____

4. Endorsement or Guarantee of Bank Loan
 Goods Donated or Loaned Services Donated
 Goods or Services Purchased by Candidate or Others
 Goods or Services Purchased by Candidate or Others- LOAN

Description _____

5. Date Of Receipt: _____

6. Vendor Name & Address: _____

Click Here for Memo Itemization

Fund Raiser Contribution

Contribution #3 PAC Receipt? Yes

Name & Address: _____

If over \$100.00 cumulative, please provide:
Occupation: _____
Employer Name & Address: _____

4. Endorsement or Guarantee of Bank Loan
 Goods Donated or Loaned Services Donated
 Goods or Services Purchased by Candidate or Others
 Goods or Services Purchased by Candidate or Others- LOAN

Description _____

5. Date Of Receipt: _____

6. Vendor Name & Address: _____

Click Here for Memo Itemization

Fund Raiser Contribution

Page Subtotal	<u>12.00</u>
Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	<u>12.00</u>

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on line 6 of Summary
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**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>Lets Elect Sue Rosebrock</u> Address <u>33 Spruce Ridge Bay City, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser tickets</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/20/08</u> Date	<u>\$ 20.00</u>
Expenditure #2 Name <u>Postmaster</u> Address <u>Station A, Johnst. Bay City, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Stamps for Post Cards</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/21/08</u> Date	<u>\$ 54.00</u>
Expenditure #3 Name <u>Tractor Supply</u> Address <u>2886 Wilder Rd Bay City, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Poles for Signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/21/08</u> Date	<u>\$ 159.15</u>
Expenditure #4 Name <u>Kellie Snyder</u> Address <u>1204 Elm Street Bay City, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Right to Life Tickets</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/23/08</u> Date	<u>\$ 70.00</u>
Expenditure #5 Name <u>GFS</u> Address <u>3730 Wilder Rd Bay City, MI 48706</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser food</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/24/08</u> Date	<u>\$ 89.94</u>

Subtotal this page 393.09

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>Lynn Rivard</u> Address <u>840 N. Garfield Rd</u> <u>Linwood, MI 48634</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser</u> <u>Food</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/24/08</u> Date	<u>\$40.72</u> Click Here for Memo Itemization Type <u>Aldies Food -25.04</u> <u>Kroger - 15.68</u>
Expenditure #2 Name <u>Bay Area Rental</u> Address <u>3545 S. Huron Rd</u> <u>Bay City, MI 48706</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/25/08</u> Date	<u>\$97.60</u> Click Here for Memo Itemization Type <u>Griddle Rental</u> <u>Gas Tanks</u>
Expenditure #3 Name <u>Wal-Mart</u> Address <u>3921 E. Wilder Rd.</u> <u>Bay City, MI 48706</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/24/08</u> Date	<u>\$10.10</u> Click Here for Memo Itemization Type <u>Photos</u>
Expenditure #4 Name <u>The Committee to Elect Mike Rivard for Roads</u> Address <u>840 N. Garfield Rd</u> <u>Linwood, MI 48634</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Tickets</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/26/08</u> Date	<u>\$12.00</u> Click Here for Memo Itemization Type
Expenditure #5 Name <u>John Hayes, Chef</u> Address <u>363 State Park Dr.</u> <u>Bay City, MI 48706</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Chef for Fundraiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/26/08</u> Date	<u>\$50.00</u> Click Here for Memo Itemization Type

Subtotal this page 210.42

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>Meijer</u> Address <u>2980 E. Wilder Rd</u> <u>Bay City, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Print Cartridge</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	<u>10/26/08</u> Date	<u>\$34.97</u>
Expenditure #2 Name <u>BCRP</u> Address <u>Bay City, MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Radio Ad</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	<u>10/27/08</u> Date	<u>\$100.00</u>
Expenditure #3 Name <u>Poirier for Commissioner</u> Address <u>1265 Orchard Rd</u> <u>Essexville MI 48732</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser</u> <u>Tickets</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	<u>10/27/08</u> Date	<u>\$40.00</u>
Expenditure #4 Name <u>Eugene Waibel</u> Address <u>363 State Park Dr.</u> <u>Bay City, MI 48706</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Food for Fundraiser</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	<u>10/29/08</u> Date	<u>\$142.66</u>
Expenditure #5 Name <u>Meijer</u> Address <u>2980 E. Wilder Rd</u> <u>Bay City, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Gas/Sign</u> <u>Pick-up</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	<u>11/5/08</u> Date	<u>\$14.94</u>

Subtotal this page 332.57

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 Revard 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>Bay County Clerk</u> Address <u>505 Center Avenue</u> <u>Bay City, MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Banger/City of BC</u> <u>Recount</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/19/18</u> Date	<u>\$ 390.00</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 390.00

Grand Total of all Schedules 1B
(Complete on last page of Schedule) 1326.08

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>	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>5/13/08</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: <u>Michael Rivard</u> <u>840 N. Garfield Rd</u> <u>Linwood, MI 48634</u>	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>10/23/08</u> 6. <u>Original Amount of Debt:</u> <u>\$ 350.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ <u>0</u>	\$ <u>350.00</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) 3350.00
Grand Total of all Schedules 1E 3350.00
(Complete on last page of Schedule showing amounts owed by or to the committee)

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.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

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

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>October 26, 2008</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>80</u>	5. Type of Fund Raising Activity <u>Pancake breakfast</u>	6. Address and Name (If any) of the place where the activity was held. <u>Local UAW Hall</u> <u>4427 E. Wilder Rd</u> <input type="checkbox"/> Bay City, MI 48706 <input type="checkbox"/> Private Residence
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7. Total Contributions \$ 547.00
8. Other Receipts \$ 35.95
9. Gross Receipts (Add lines 7 and 8) \$ 582.95
10. Total Cost of Event \$ 407.07
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
<u>n/a</u>		

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.