



**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: May 15, 2012 to July 22, 2012

1. Committee I.D. Number  
150645

2. Committee Name  
The Committee to Elect Mike Rivard

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

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

4b. County of Residence Bay

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  
Mike 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)  
Mike + Lynn Rivard  
840 N. Garfield Rd  
Linwood, MI 48634

Area Code and Phone 989-879-5685

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 7, 2012

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 Jul 26 2012

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 Mike G. Rivard , Mike G Rivard Date 7/26/2012  
Type or Print Name Signature

Candidate Mike G. Rivard , Mike G Rivard Date 7/26/2012  
Type or Print Name Signature



1. Committee I.D. Number 150645

2. Committee Name The Committee to Elect Mike Rivard

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>5,531.00</u>	(18.) \$ _____
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	(19.) \$ _____
c. Subtotal of "Contributions"	(3c.) \$ <u>5,531.00</u>	(20.) \$ _____
<b>4. Other Receipts (Schedule 1A -1, Column 6)</b>	(4.) \$ <u>317.36</u>	(19.) \$ _____
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>5,848.36</u>	(20.) \$ _____
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
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.) \$ <u>0</u>	(22.) \$ _____
<b>EXPENDITURES</b>		
<b>8. Expenditures</b>		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>2,460.42</u>	(23.) \$ _____
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0</u>	
<b>9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)</b>	(9.) \$ <u>2,460.42</u>	(23.) \$ _____
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
<b>10. Disbursements</b>		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ _____
<b>DEBTS AND OBLIGATIONS</b>		
<b>12. Debts and Obligations</b>		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>3,000.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
<b>BALANCE STATEMENT</b>		
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>5,848.36</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>5,848.36</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>2,460.42</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>3,387.94</u>	



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 150645  
2. Committee Name The Committee to Elect Mike Rivard

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.

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

3. Contribution # 1 PAC Receipt?  YES 4. Date of Receipt 5/30/12  
Name & Address:  
Senator Mike + Paula Green  
1500 E. Blackmore  
Mayville, MI

\$ 100.00 \$ 100.00

5. If over \$100.00 cumulative, please provide:  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 2 PAC Receipt?  YES 4. Date of Receipt 6/1/12  
Name & Address:  
Bill & Marion Gregory  
264 Jennison Place  
Bay City, MI 48708

\$ 50.00 \$ 50.00

5. If over \$100.00 cumulative, please provide:  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 3 PAC Receipt?  YES 4. Date of Receipt 6/1/12  
Name & Address:  
Walt & Mary Jo Duranczyk  
760 W N Union  
Auburn, MI 48611

\$ 50.00 \$ 50.00

5. If over \$100.00 cumulative, please provide:  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 4 PAC Receipt?  YES 4. Date of Receipt 6/1/12  
Name & Address:  
Gerald & Joyce Rivard  
752 N. Carter Rd  
Linwood, MI 48634

\$ 50.00 \$ 50.00

5. If over \$100.00 cumulative, please provide:  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

[Click Here for Memo Itemization](#)

Page Subtotal 250.00

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 150645  
2. Committee Name The Committee to Elect Mike Rivard

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>6/1/12</u> Name & Address: <u>Don Chevalier</u> <u>958 N. Jones Rd</u> <u>Essexville, MI 48732</u>		\$ <u>25.00</u>	\$ <u>25.00</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      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>6/2/12</u> Name & Address: <u>Don Burnside</u> <u>7369 Blake Drive</u> <u>Bay City, MI 48706</u>		\$ <u>25.00</u>	\$ <u>25.00</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      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>6/2/12</u> Name & Address: <u>Tom &amp; Jeanne Werth</u> <u>900 Germania</u> <u>Bay City, MI 48706</u>		\$ <u>100.00</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      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>6/2/12</u> Name & Address: <u>Joe &amp; Sue Maxwell</u> <u>2715 Pasadena Dr.</u> <u>Bay City, MI 48706</u>		\$ <u>15.00</u>	\$ <u>15.00</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 165.00  
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 150645  
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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>6/2/12</u>	
Name & Address: <u>Mike + Tammy Bouckaert</u> <u>4799 Stephen Ct.</u> <u>Auburn, MI 48611</u>		<u>\$50.00</u>	<u>\$50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		<a href="#">Click Here for Memo Itemization</a>	
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>6/5/12</u>	
Name & Address: <u>Eric &amp; Sandy Johnson</u> <u>2228 Kara Drive</u> <u>Bay City, MI 48706</u>		<u>\$50.00</u>	<u>\$50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		<a href="#">Click Here for Memo Itemization</a>	
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>6/5/12</u>	
Name & Address: <u>Herb &amp; Mary Martin</u> <u>403 N. Alps Street</u> <u>Bay City, MI 48706</u>		<u>\$100.00</u>	<u>\$100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		<a href="#">Click Here for Memo Itemization</a>	
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 <u>6/7/12</u>	
Name & Address: <u>Joel Gougeon</u> <u>241 Donatille Beach</u> <u>Bay City, MI 48706</u>		<u>\$100.00</u>	<u>\$100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		<a href="#">Click Here for Memo Itemization</a>	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 300.00

Grand Total of All Schedules 1A  
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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/8/12</u> Name & Address: <u>Keith Reinhardt</u> <u>7261 Kara Drive</u> <u>Bay City, MI 48706</u>		\$ <u>20.00</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 #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/9/12</u> Name & Address: <u>Louie Pomaville</u> <u>3465 Kiesel Rd</u> <u>Bay City, MI 48706</u>		\$ <u>100.00</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 # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/9/12</u> Name & Address: <u>Vaughn &amp; Margie Begick</u> <u>5353 Lorraine</u> <u>Bay City, MI 48706</u>		\$ <u>50.00</u>	\$ <u>50.00</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 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/11/12</u> Name & Address: <u>Tadzia MacDonald</u> <u>607 36th Street</u> <u>Bay City, MI 48708</u>		\$ <u>5.00</u>	\$ <u>5.00</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 175.00

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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>6/11/12</u>	
Name & Address: <u>Jack &amp; Sue Loehr</u> <u>3025 Crestwood Ct</u> <u>Bay City, MI 48706</u>		<u>\$50.00</u>	<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			
3. Contribution # 2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>6/12/12</u>	
Name & Address: <u>Gary Hugo</u> <u>195 S. Farley Rd</u> <u>Munger, MI 48747</u>		<u>\$50.00</u>	<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			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>6/12/12</u>	
Name & Address: <u>Marty + Jackolyn</u> <u>Horndachek</u> <u>609 Glenview</u> <u>Pinconning, MI 48650</u>		<u>\$50.00</u>	<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			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>6/13/12</u>	
Name & Address: <u>Doug Luczak</u> <u>808 Frost Drive</u> <u>Bay City, MI 48706</u>		<u>\$250.00</u>	<u>\$250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Gephart Funeral Home</u>		Click Here for Memo Itemization	
Business Address <u>201 W Midland St, Bay City, MI 48706</u>			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 400.00

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ITEMIZED CONTRIBUTIONS  
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CANDIDATE COMMITTEE

1. Committee I.D. Number 150645  
2. Committee Name The Committee to Elect Mike Rivard

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>6/13/12</u>	
Name & Address: <u>Bob &amp; Sue Bloenk</u> <u>1111 N. Water Street</u> <u>Bay City, MI 48708</u>		<u>\$25.00</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 #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>6/13/12</u>	
Name & Address: <u>Joe Janicke</u> <u>525 S. Linwood Beach Rd</u> <u>Linwood, MI 48634</u>		<u>\$50.00</u>	<u>\$50.00</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>6/16/12</u>	
Name & Address: <u>Tom Niemann</u> <u>4058 Allen Ct</u> <u>Bay City, MI 48706</u>		<u>\$100.00</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 # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>6/19/12</u>	
Name & Address: <u>Bob &amp; Kris Barcia</u> <u>1577 Wedgewood</u> <u>Essexville, MI 48732</u>		<u>\$25.00</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			

Page Subtotal 200.00

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2. Committee Name The Committee to Elect Mike Rivard

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3. Contribution # 1 Name & Address: <u>Joanne Krakowski</u> <u>2648 22nd Street</u> <u>Bay City, MI 48708</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>6/19/12</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		\$ <u>25.00</u>	\$ <u>25.00</u>
		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2 Name & Address: <u>Robert &amp; Georgianna Rivard</u> <u>1810 W Norfolk, Apt. 4</u> <u>Essexville, MI 48732-1810</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>6/19/12</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		\$ <u>50.00</u>	\$ <u>50.00</u>
		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 3 Name & Address: <u>Guy &amp; Nancy Gure</u> <u>2300 Nurmi Drive</u> <u>Bay City, MI 48708</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>6/21/12</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		\$ <u>25.00</u>	\$ <u>25.00</u>
		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 4 Name & Address: <u>Bill &amp; Diane Hesser</u> <u>309 Davison Bldg</u> <u>Bay City, MI 48708</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>6/21/12</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		\$ <u>50.00</u>	\$ <u>50.00</u>
		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal 150.00

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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.

6. Amount

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt?  YES 4. Date of Receipt 6/23/12  
Name & Address:  
Dr. Rodney + Mrs Marilyn McFarland  
601 N. Wenona St.  
Bay City, MI 48706

\$ 35.00 \$ 35.00

5. If over \$100.00 cumulative, please provide:  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_

[Click Here for Memo Itemization](#)

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #2 PAC Receipt?  YES 4. Date of Receipt 6/23/12  
Name & Address:  
Dr. Eric + Mrs Valerie Schwederlitch  
2158 Fifth Street  
Bay City, MI 48708

\$ 25.00 \$ 25.00

5. If over \$100.00 cumulative, please provide:  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_

[Click Here for Memo Itemization](#)

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #3 PAC Receipt?  YES 4. Date of Receipt 6/26/12  
Name & Address:  
Rich + Carol Glaza  
3036 Glenway South  
Bay City, MI 48708

\$ 20.00 \$ 20.00

5. If over \$100.00 cumulative, please provide:  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_

[Click Here for Memo Itemization](#)

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #4 PAC Receipt?  YES 4. Date of Receipt 6/26/12  
Name & Address:  
Dennis Poirier  
1265 Orchard Road  
Essexville, MI 48732

\$ 50.00 \$ 50.00

5. If over \$100.00 cumulative, please provide:  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_

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Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

Page Subtotal 130.00

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 150645  
2. Committee Name The Committee to Elect Mike Rivara

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.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: <u>Rich &amp; Lois Niemann</u> <u>4081 Richlyn Ct</u> <u>Bay City, MI 48706</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/26/12</u>	<u>\$200.00</u>	<u>\$200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____		<a href="#">Click Here for Memo Itemization</a>	
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>Tom Schindler</u> <u>261 E. Townline Rd</u> <u>Auburn, MI 48611</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/27/12</u>	<u>\$25.00</u>	<u>\$25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		<a href="#">Click Here for Memo Itemization</a>	
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>Joe Davis</u> <u>909 N. Wenona St.</u> <u>Bay City, MI 48706</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/27/12</u>	<u>\$50.00</u>	<u>\$50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		<a href="#">Click Here for Memo Itemization</a>	
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>Jason Gower</u> <u>4630 Flajole Rd</u> <u>Auburn, MI 48642</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/27/12</u>	<u>\$20.00</u>	<u>\$20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		<a href="#">Click Here for Memo Itemization</a>	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 295.00

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 150645  
2. Committee Name The Committee to Elect Mike Rivard

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.

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

3. Contribution # 1 PAC Receipt?  YES 4. Date of Receipt 7/11/12  
Name & Address:  
Marv Wood  
2030 E Salzburg  
Bay City, MI 48706

\$ 100.00      \$ 100.00

5. If over \$100.00 cumulative, please provide:  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct     Loan from a person     Fund Raiser

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3. Contribution # 2 PAC Receipt?  YES 4. Date of Receipt 7/11/12  
Name & Address:  
Bill Barcia, Jeanne Barcia, Deniece Barcia  
349 Kitchen Rd  
Pinconning, MI 48650

\$ 50.00      \$ 50.00

5. If over \$100.00 cumulative, please provide:  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct     Loan from a person     Fund Raiser

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3. Contribution # 3 PAC Receipt?  YES 4. Date of Receipt 7/8/12  
Name & Address:  
Jeff + Patti Shorkey  
53 Wheeler Rd  
Bay City, MI 48706

\$ 40.00      \$ 40.00

5. If over \$100.00 cumulative, please provide:  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct     Loan from a person     Fund Raiser

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3. Contribution # 4 PAC Receipt?  YES 4. Date of Receipt \_\_\_\_\_  
Name & Address:  
Tom Niemann  
4058 Allen Ct.  
Bay City, MI 48706

\$ 8.00      \$ 108.00

5. If over \$100.00 cumulative, please provide:  
Occupation Retired Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct     Loan from a person     Fund Raiser

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Page Subtotal 198.00  
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 150645  
2. Committee Name The Committee to Elect Mike Rivard

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.

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

3. Contribution # 1 PAC Receipt?  YES 4. Date of Receipt 7/8/12  
Name & Address:  
Vaughn Begick  
5353 Lorraine Ct  
Bay City, MI 48706  
5. If over \$100.00 cumulative, please provide:  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser  
\$ 20.00 \$ 70.00  
[Click Here for Memo Itemization](#)

3. Contribution # 2 PAC Receipt?  YES 4. Date of Receipt 7/8/12  
Name & Address:  
Bob & Mary Heinz  
5754 Michael  
Bay City, MI 48706  
5. If over \$100.00 cumulative, please provide:  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser  
\$ 20.00 \$ 20.00  
[Click Here for Memo Itemization](#)

3. Contribution # 3 PAC Receipt?  YES 4. Date of Receipt 7/8/12  
Name & Address:  
Sarah Rivard  
300 W. Linwood Rd  
Linwood, MI 48634  
5. If over \$100.00 cumulative, please provide:  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser  
\$ 8.00 \$ 8.00  
[Click Here for Memo Itemization](#)

3. Contribution # 4 PAC Receipt?  YES 4. Date of Receipt 7/8/12  
Name & Address:  
Tom & Tina Wassa  
1919 Circle Drive  
Fairgrove, MI 48733  
5. If over \$100.00 cumulative, please provide:  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser  
\$ 16.00 \$ 16.00  
[Click Here for Memo Itemization](#)

Page Subtotal \$64.00

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 150645  
2. Committee Name The Committee to Elect Mike Rivard

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.

6. Amount

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt?  YES 4. Date of Receipt 7/8/12

Name & Address:  
Robert Cnudde  
409 Hill St  
Bay City, MI 48708

\$ 25.00

\$ 25.00

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

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3. Contribution #2 PAC Receipt?  YES 4. Date of Receipt 7/8/12

Name & Address:  
Jordan Albaugh  
1902 N. Villa Ct  
Essexville, MI 48732

\$ 8.00

\$ 8.00

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

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3. Contribution #3 PAC Receipt?  YES 4. Date of Receipt 7/8/12

Name & Address:  
Gloria Byington  
2509 25th Street  
Bay City, MI 48708

\$ 10.00

\$ 10.00

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

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3. Contribution #4 PAC Receipt?  YES 4. Date of Receipt 7/8/12

Name & Address:  
Delores Smolinski  
1301 Thirty-Third St.  
Bay City, MI 48708

\$ 10.00

\$ 10.00

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

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Page Subtotal

\$ 53.00

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 150645  
2. Committee Name The Committee to Elect Mike Rivard

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.

6. Amount

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt?  YES 4. Date of Receipt 7/8/12  
Name & Address:  
Marci Simstad  
3318 Broadmore Dr.  
Bay City MI 48708

\$ 8.00

\$ 8.00

5. If over \$100.00 cumulative, please provide:  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

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3. Contribution # 2 PAC Receipt?  YES 4. Date of Receipt 7/8/12  
Name & Address:  
Shirley Howell  
614 McDonnell St  
Essexville, MI 48732

\$ 8.00

\$ 8.00

5. If over \$100.00 cumulative, please provide:  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

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3. Contribution # 3 PAC Receipt?  YES 4. Date of Receipt 7/8/12  
Name & Address:  
Becky Van Sumeran  
889 Shady Shore  
Bay City, MI 48706

\$ 8.00

\$ 8.00

5. If over \$100.00 cumulative, please provide:  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

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3. Contribution # 4 PAC Receipt?  YES 4. Date of Receipt 7/8/12  
Name & Address:  
Denise Wilson  
498 Santa Anna  
Standish, MI 48658

\$ 25.00

\$ 25.00

5. If over \$100.00 cumulative, please provide:  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

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Page Subtotal \$49.00

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

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line 3a of Summary  
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ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 150645

2. Committee Name The Committee to Elect Mike Rivard

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.

6. Amount

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt?  YES 4. Date of Receipt 7/8/12  
 Name & Address: Mike + Paula Green  
1500 E Blackmore Rd  
Mayville, MI 48744

\$ 50.00      \$ 150.00

5. If over \$100.00 cumulative, please provide:  
 Occupation State Senator Employer \_\_\_\_\_  
 Business Address Lansing, MI 48909  
 Type of Contribution:  Direct  Loan from a person  Fund Raiser

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3. Contribution #2 PAC Receipt?  YES 4. Date of Receipt 7/8/12  
 Name & Address: Denise Blackmer  
550 Robertson Ct  
Lake Orion, MI

\$ 8.00      \$ 8.00

5. If over \$100.00 cumulative, please provide:  
 Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 Type of Contribution:  Direct  Loan from a person  Fund Raiser

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3. Contribution #3 PAC Receipt?  YES 4. Date of Receipt 7/8/12  
 Name & Address: Dennis Poirier  
1265 Orchard Rd  
Essexville, MI 48732

\$ 8.00      \$ 8.00

5. If over \$100.00 cumulative, please provide:  
 Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 Type of Contribution:  Direct  Loan from a person  Fund Raiser

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3. Contribution #4 PAC Receipt?  YES 4. Date of Receipt 7/8/12  
 Name & Address: Brian + Yvonne Douglas  
1979 E. Cottage Grove  
Linwood, MI 48634

\$ 20.00      \$ 20.00

5. If over \$100.00 cumulative, please provide:  
 Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 Type of Contribution:  Direct  Loan from a person  Fund Raiser

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Page Subtotal \$86.00

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 150645  
2. Committee Name The Committee to Elect Mike Rivard

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.

6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
-----------	---

3. Contribution # 1 PAC Receipt?  YES 4. Date of Receipt 7/8/12  
Name & Address:  
Mike Simstad  
3318 Broadmore Dr.  
Bay City, MI 48706

\$ <u>8.00</u>	\$ <u>8.00</u>
----------------	----------------

5. If over \$100.00 cumulative, please provide:  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

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3. Contribution # 2 PAC Receipt?  YES 4. Date of Receipt 7/8/12  
Name & Address:  
Ed Simstad  
3318 Broadmore Dr.  
Bay City, MI 48706

\$ <u>8.00</u>	\$ <u>8.00</u>
----------------	----------------

5. If over \$100.00 cumulative, please provide:  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

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3. Contribution # 3 PAC Receipt?  YES 4. Date of Receipt 7/16/12  
Name & Address:  
Mike Rivard  
840 N. Garfield Rd  
Linwood, MI 48134

\$ <u>3000.00</u>	\$ _____
-------------------	----------

5. If over \$100.00 cumulative, please provide:  
Occupation Candidate Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

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3. Contribution # 4 PAC Receipt?  YES 4. Date of Receipt \_\_\_\_\_  
Name & Address \_\_\_\_\_

\$ _____	\$ _____
----------	----------

5. If over \$100.00 cumulative, please provide:  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

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Page Subtotal	\$ <u>3,016.00</u>
Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$ <u>5,531.00</u>

Enter this total on line 3a of Summary Page.



ITEMIZED OTHER RECEIPTS  
SCHEDULE 1A-1

CANDIDATE COMMITTEE

1. Committee I.D. Number 150645  
2. Committee Name The Committee to Elect Mike Rivar

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>	Date of Receipt <u>7/7/12</u> <input checked="" type="checkbox"/> Fund Raiser	<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>Return</u>	\$ <u>23.98</u>
Receipt #2 Name & Address: <u>Kroger</u> <u>945 N. Euclid</u> <u>Bay City, MI 48706</u>	Date of Receipt <u>7/8/12</u> <input checked="" type="checkbox"/> Fund Raiser	<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>Return</u>	\$ <u>14.34</u>
Receipt #3 Name & Address: <u>GFS</u> <u>3730 Wilder Rd</u> <u>Bay City, MI 48706</u>	Date of Receipt <u>7/8/12</u> <input checked="" type="checkbox"/> Fund Raiser	<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>Return</u>	\$ <u>41.68</u>
Receipt #4 Name & Address: <u>GFS</u> <u>3730 Wilder Rd</u> <u>Bay City, MI 48706</u>	Date of Receipt <u>7/9/12</u> <input checked="" type="checkbox"/> Fund Raiser	<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>Return</u>	\$ <u>7.41</u>
Receipt #5 Name & Address: <u>GFS</u> <u>3730 Wilder Rd</u> <u>Bay City, MI 48706</u>	Date of Receipt <u>7/13/12</u> <input checked="" type="checkbox"/> Fund Raiser	<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>Return</u>	\$ <u>29.95</u>
Receipt #6 Name & Address: <u>UAW Local 362</u> <u>4427 E. Wilder Rd</u> <u>Bay City, MI 48706</u>	Date of Receipt <u>7/20/12</u> <input checked="" type="checkbox"/> Fund Raiser	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Refund \Rebate ( <u>Hall</u> ) <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____	\$ <u>200.00</u>
Receipt #7 Name & Address: _____	Date of Receipt _____ <input type="checkbox"/> Fund Raiser	<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 317.36

Grand Total of All Schedules 1A -1  
(Complete on last page of Schedule) 317.36

Enter this total on  
line 4 of Summary  
Page



**ITEMIZED IN-KIND CONTRIBUTIONS**

**SCHEDULE 1-IK**

**CANDIDATE COMMITTEE**

1. Committee I. D. Number 150645  
2. Committee Name The Committee to Elect Mike Rivard

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? <input type="checkbox"/> Yes Name & Address: <u>Tony &amp; 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 type="checkbox"/> Goods Donated or Loaned <input checked="" 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>Monogramming</u>  5. Date Of Receipt: <u>6/28/12</u> 6. Vendor Name & Address: <u>Tony &amp; Mary Soave</u> <u>335 Stanley Rd</u> <u>Bay City, MI 48708</u>	<u>\$30.00</u>	<u>\$ 30.00</u>
<a href="#">Click Here for Memo Itemization</a>			
<input type="checkbox"/> Fund Raiser Contribution			
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes 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:	\$ _____	\$ _____
<a href="#">Click Here for Memo Itemization</a>			
<input type="checkbox"/> Fund Raiser Contribution			
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes 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:	\$ _____	\$ _____
<a href="#">Click Here for Memo Itemization</a>			
<input type="checkbox"/> Fund Raiser Contribution			

Page Subtotal

30.00

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 150645  
2. Committee Name The Committee to Elect Mike Rivard

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 Linwood, MI 48034</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Office, Supplies, Postage, Gas Decorations, Candy</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/15/12</u> Date	<u>\$ 302.54</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #2 Name <u>Klender Design</u> Address <u>3791 Wilder Rd Bay City, MI 48706</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Magnetic Signs</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/15/12</u> Date	<u>\$ 79.50</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #3 Name <u>GFS</u> Address <u>3730 Wilder Rd Bay City, MI 48706</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Candy Pinc. Cheese Fest. Parade</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/15/12</u> Date	<u>\$ 31.96</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #4 Name <u>UAW Local 362</u> Address <u>4427 Wilder Rd Bay City, MI 48706</u>  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Hall Rental</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/22/12</u> Date	<u>\$ 350.00</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #5 Name <u>Monitor Pharmacy</u> Address <u>2981 Midland Rd Bay City, MI 48706</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/22/12</u> Date	<u>\$ 54.00</u>  <a href="#">Click Here for Memo Itemization Type</a>

Subtotal this page \$ 818.00  
Grand Total of all Schedules 1B (Complete on last page of Schedule) \$ 2,460.42

Enter this total on line 8a of Summary Page



ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

1. Committee I. D. Number 150645  
2. Committee Name The Committee to Elect Mike Rivard

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 Avenue</u> <u>Bay City, MI 48732</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>T-Shirts</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/27/12</u> Date	<u>\$ 355.10</u>
Expenditure #2 Name <u>Wal Mart</u> Address <u>3921 Wilder Rd</u> <u>Bay City, MI 48706</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Sign Supplies</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/28/12</u> Date	<u>\$ 21.83</u>
Expenditure #3 Name <u>Menards</u> Address <u>2864 Wilder Rd</u> <u>Bay City, MI 48706</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Sign Supplies</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/28/12</u> Date	<u>\$ 36.65</u>
Expenditure #4 Name <u>Bay City Democrat</u> Address <u>PO Box 278</u> <u>309 Ninth Street</u> <u>Bay City, MI 48708</u>  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Pancake Breakfast</u> <u>Tickets</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/29/12</u> Date	<u>\$ 45.58</u>
Expenditure #5 Name <u>Staples</u> Address <u>4021 N. Euclid</u> <u>Bay City, MI 48706</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Office Supplies</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/2/12</u> Date	<u>\$ 24.15</u>

Subtotal this page \$ 483.31

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 150645  
2. Committee Name The Committee to Elect Mike Rivard

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Staples</u> Address <u>4021 N. Euclid</u> <u>Bay City, MI 48706</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Office Supplies</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/4/12</u> Date	<u>\$ 37.57</u>
Expenditure #2 Name <u>GFS</u> Address <u>3730 Wilder Rd</u> <u>Bay City, MI 48706</u>  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Pancake Breakfast</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/4/12</u> Date	<u>\$ 289.52</u>
Expenditure #3 Name <u>Kroger</u> Address <u>945 N. Euclid</u> <u>Bay City, MI 48706</u>  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Pancake Breakfast</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/4/12</u> Date	<u>\$ 38.64</u>
Expenditure #4 Name <u>Bay Area Rental</u> Address <u>3595 S. Huron</u> <u>Bay City, MI 48706</u>  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Grill Rental</u> <u>Pancake Breakfast</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/7/12</u> Date	<u>\$ 63.60</u>
Expenditure #5 Name <u>Walmart</u> Address <u>3921 Wilder Rd</u> <u>Bay City, MI 48706</u>  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Pancake Breakfast</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/7/12</u> Date	<u>\$ 50.27</u>

Subtotal this page \$479.60

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 150645  
2. Committee Name The Committee to Elect Mike Rvaard

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>GFS</u> Address <u>3730 Wilder Rd</u> <u>Bay City, MI 48706</u>  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Pancake Breakfast</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>7/7/12</u> Date	<u>\$86.43</u>
Expenditure #2 Name <u>Wal Mart</u> Address <u>3921 Wilder Rd</u> <u>Bay City, MI 48706</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Paint for signs</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>7/9/12</u> Date	<u>\$12.21</u>
Expenditure #3 Name <u>Sam's Club</u> Address <u>6663 Saginaw Rd</u> <u>Saginaw, MI 48601</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Candy</u> <u>Auburn Parade</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>7/11/12</u> Date	<u>\$57.42</u>
Expenditure #4 Name <u>Tom Wassa for Congress</u> Address <u>1919 Circle Drive</u> <u>Fairgrove, MI 48733</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Wassa</u> <u>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>7/17/12</u> Date	<u>\$25.00</u>
Expenditure #5 Name <u>GFS</u> Address <u>3730 Wilder Rd</u> <u>Bay City, MI 48706</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Candy</u> <u>St. Mike's Parade</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>7/20/12</u> Date	<u>\$47.94</u>

Subtotal this page \$229.00

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 150645

2. Committee Name The Committee to Elect Mike Rivard

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 Linwood, MI 48634</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Signs, Parades, Paint Post puller, Gas, Donations, Decorations, Shirts</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/20/12</u>	<u>\$ 450.51</u> <small>Click Here for Memo Itemization Type</small>
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 _____	\$ _____ <small>Click Here for Memo Itemization Type</small>
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 _____	\$ _____ <small>Click Here for Memo Itemization Type</small>
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 _____	\$ _____ <small>Click Here for Memo Itemization Type</small>
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 _____	\$ _____ <small>Click Here for Memo Itemization Type</small>

Subtotal this page \$450.51

Grand Total of all Schedules 1B  
(Complete on last page of Schedule) 2460.42

Enter this total  
on line 8a of  
Summary Page



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

1. Committee I.D. Number 150645  
2. Committee Name The Committee to Elect Mike Rivard

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>Lynn Rivard</u> <u>840 N. Garfield Rd</u> <u>Linwood, MI 48634</u>	4. Type: <u>Loan to Committee</u> 5. Date Debt Was Incurred: <u>6/15/12</u> 6. Original Amount of Debt: <u>\$ 302.54</u>	<u>6/15/12 \$ 302.54</u> \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>0</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>Mike Rivard</u> <u>840 N. Garfield Rd</u> <u>Linwood, MI 48634</u>	4. Type: <u>Loan to Committee</u> 5. Date Debt Was Incurred: <u>7/16/12</u> 6. Original Amount of Debt: <u>\$ 3,000.00</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. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **\$3,000.00**  
 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.



**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150645  
2. Committee Name The Committee to Elect Mike Rivard

- USE A SEPARATE SHEET FOR EACH EVENT -			
3. Date Event Was Held  <u>July 8, 2012</u>	4. Number of Individuals Attending or Participating (whichever is greater)	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>UAW Local 362 Hall Wilder Rd Bay City, MI 48706</u> <input type="checkbox"/> Private Residence

7. Total Contributions \$316.00  
8. Other Receipts \$317.36  
9. Gross Receipts (Add lines 7 and 8) \$633.36  
10. Total Cost of Event \$924.04  
(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 (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 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 (1-1K), 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.