



**CANDIDATE COMMITTEE  
COVER PAGE**

Jan 19 3 40 PM '10 FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

<p>1. Committee I.D. Number 150313-0</p> <p>2. Committee Name Committee to Elect Joseph Rivet</p>		<p>3. This Statement covers From: <u>12/01/2008</u> To: <u>12/31/2009</u> Mo Day Year Mo Day Year</p> <p>4. Candidate Last Name First Name M.I. Committee to Elect Joseph Rivet</p> <p>4a. Office Sought Including District # or Community Served (If applicable) To Be Determined Bay County</p> <p>4b. County of Residence Driver License # (Optional) Bay</p>	
<p>5. Committee's Mailing Address 2600 Center Ave Bay City MI 48708 Area Code and Phone <u>(989) 671-2153</u></p> <p>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</p>		<p>6. Treasurer's Name &amp; Residential Address <u>Joseph Rivet</u> <u>2600 Center Ave., Bay City, MI 48708</u> Area code &amp; Phone <u>989.671.2153</u> Driver License # (Optional) _____</p>	
<p>7. Treasurer's Business Address <u>515 Center Ave, Ste 601</u> <u>Bay City, MI 48708</u> Area Code and Phone <u>989.895.4290</u></p>		<p>8. Designated Recordkeeper's Name and Mailing Address (If the committee has a Designated Recordkeeper)</p> <p>Area Code and Phone _____ Driver License # (Optional) _____</p>	
<p>9. TYPE OF STATEMENT</p> <p>9a. <input type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus _____ Month Day Year</p>		<p>9c. <input checked="" type="checkbox"/> Annual Statement (<u>2009</u> Coverage Year)</p> <p>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)</p> <p>9e. <input type="checkbox"/> Dissolution of Candidate Committee Effective Date of Dissolution _____ Mon Day Year</p> <p>By checking this item, I certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>	
<p>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. <b>If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.</b></p>			
<p>10. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.</p>			
<p>Current Treasurer or Designated Recordkeeper <u>Joseph Rivet</u> Type or Print Name</p>		<p><u>[Signature]</u> Signature</p>	
<p>Candidate <u>Committee to Elect Joseph Rivet</u> Type or Print Name</p>		<p><u>[Signature]</u> Signature</p>	
<p>Date <u>1-18-10</u> Mo Day Year</p>		<p>Date <u>1-18-10</u> Mo Day Year</p>	

Authority granted under P.A. 388 of 1976

x



**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>715.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>0.00</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>715.00</u>	(18.) \$ <u>715.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>715.00</u>	(20.) \$ <u>715.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>920.95</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>920.95</u>	(23.) \$ <u>920.95</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>585.57</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + <u>715.00</u>	
15. SUBTOTAL Add Lines 13 and 14	(15.) = <u>1300.57</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - <u>920.95</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>379.62</u> *	

NOTE: Direct contributions, in-Kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.  
All required schedules must be included with this statement. \*If your ending balance is negative, please recheck your math.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150313-0  
2. Committee Name Committee to Elect Joseph Rivet

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>1</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/03/2009</u> Name: <u>Ruth Noble</u> Address: <u>315 N. Powell</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 type="checkbox"/> Fund Raiser	40.00	40.00
3. Contribution # <u>2</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/05/2009</u> Name: <u>Richey, Neil</u> Address: <u>1190 Woodwind Trail</u> <u>Haslett MI 48840</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>COMPUTER PROGRAMMER</u> Employer <u>SELF-EMPLOYED</u> Business Address <u>1190 WOODWIND TRAIL, HASLETT, MI 48840</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	375.00	375.00
3. Contribution # <u>3</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/05/2009</u> Name: <u>Ben Karbowski</u> Address: <u>44 Linwood Beach</u> <u>Linwood 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 type="checkbox"/> Fund Raiser	50.00	50.00
3. Contribution # <u>4</u> PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>08/05/2009</u> Name: <u>Bay Area Majority Fund</u> Address: <u>4297 Zander 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 type="checkbox"/> Fund Raiser	250.00	250.00
Page Subtotal	715.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	715.00	

Enter this total on  
line 3a of  
Summary Page



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150313-0  
2. Committee Name Committee to Elect Joseph Rivet

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure # 1 Name: Meijer Address: 2908 E. Wilder Bay City                  MI 48706 <input type="checkbox"/> Fund Raiser	Purpose: <u>Parade supplies</u> Expenditure Code <u>PC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	12/20/2008	284.45
Expenditure # 2 Name: St. Patricks Parade Assoc. Address: P.O. Box 122 Bay City                  MI 48706 <input type="checkbox"/> Fund Raiser	Purpose: <u>Program Adv.</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	01/13/2009	45.00
Expenditure # 3 Name: Ladies Ancient Order of Hyber Address: 1316 Broadway Bay City                  MI 48708 <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> Expenditure Code <u>TP</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	03/03/2009	25.00
Expenditure # 4 Name: Kawkawlin River WPOA Address: P.O. Box 506 Kawkawlin                  MI 48631 <input type="checkbox"/> Fund Raiser	Purpose: <u>Membership</u> Expenditure Code <u>TP</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	03/04/2009	25.00
Expenditure # 5 Name: Friends of Brian Elder Address: 915 Fifth Street Bay City                  MI 48708 <input type="checkbox"/> Fund Raiser	Purpose: <u>DWMTW</u> Expenditure Code <u>TC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	03/05/2009	25.00
Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule)			<b>404.45</b>

Enter this total on line 8a of Summary Page



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150313-0  
2. Committee Name Committee to Elect Joseph Rivet

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure # 6 Name: Bay County Democratic Party Address: 4538 Greenfield Bay City                  MI 48706 <input type="checkbox"/> Fund Raiser	Purpose: <u>Party event</u> Expenditure Code <u>PP</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	03/14/2009	15.00
Expenditure # 7 Name: St. Patricks Parade Assoc. Address: P.O. Box 122 Bay City                  MI 48706 <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> Expenditure Code <u>CC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	03/19/2009	50.00
Expenditure # 8 Name: Bay County Democratic Party Address: 4538 Greenfield Bay City                  MI 48706 <input type="checkbox"/> Fund Raiser	Purpose: <u>Party Event</u> Expenditure Code <u>PP</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/08/2009	100.00
Expenditure # 9 Name: John Glenn Booster Club Address: 3201 Keisel Rd. Bay City                  MI 48706 <input type="checkbox"/> Fund Raiser	Purpose: <u>Program Adv.</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/09/2009	50.00
Expenditure # 10 Name: Bay County Sports Hall of Fame Address: 509 Center Ave. Bay City                  MI 48708 <input type="checkbox"/> Fund Raiser	Purpose: <u>Program Adv.</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/01/2009	50.00
Subtotal this page			265.00
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 150313-0  
2. Committee Name Committee to Elect Joseph Rivet

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure # 11 Name: Mayor's Scholarship Address: P.O. Box 628 Pinconning                  MI 48650 <input type="checkbox"/> Fund Raiser	Purpose: <u>Program Adv.</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/01/2009	65.00
Expenditure # 12 Name: Friends of Brian Elder Address: 915 Fifth Street Bay City                      MI 48708 <input type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser Ticket</u> Expenditure Code <u>TC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/27/2009	100.00
Expenditure # 13 Name: John Glenn Booster Club Address: 3201 Keisel Rd. Bay City                      MI 48706 <input type="checkbox"/> Fund Raiser	Purpose: <u>Progrm Adv.</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/19/2009	50.00
Expenditure # 14 Name: Bay County Democratic Party Address: 4538 Greenfield Bay City                      MI 48706 <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> Expenditure Code <u>PP</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	12/04/2009	25.00
Expenditure # 15 Name: United Bay Community Credit Un Address: 1309 N. Lincoln Bay City                      MI 48708 <input type="checkbox"/> Fund Raiser	Purpose: <u>Fees/Checks</u> Expenditure Code <u>BK</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	12/15/2009	11.50
Subtotal this page			251.50
Grand Total of all Schedules 1B (Complete on last page of Schedule)			920.95

Enter this total on line 8a of Summary Page