



**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

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

<p>1. Committee I.D. Number 150645</p> <p>2. Committee Name The Committee to Elect Mike Rivard</p>	<p>3. This Statement covers From: August 28 to October 21, 2012</p> <p>4. Candidate Last Name RIVARD First Name Mike M.I. G.</p> <p>4a. Office Sought including District # or Community Served (If applicable) Bay County Drain Commissioner</p> <p>4b. County of Residence Bay</p>
<p>5. Committee's Mailing Address 840 N. Garfield Rd Linwood, MI 48634</p> <p>Area Code and Phone 989-879-5685</p> <p><small>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.</small></p>	<p>6. Treasurer's Name & Residential Address Mike G. Rivard 840 N. Garfield Rd Linwood, MI 48634</p> <p>Area Code & Phone 989-879-5685</p>
<p>7. Treasurer's Business Address 840 N. Garfield Rd Linwood, MI 48634</p> <p>Code and Phone _____</p>	<p>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</p> <p>Area Code and Phone 989-879-5685</p>

FILED
 10TH JUDICIAL
 CIRCUIT COURT
 OCT 26 3 52 PM '12

9. TYPE OF STATEMENT

9a. Pre-Election OR 9b. Post-Election

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.

Pre-Election or Post-Election Statement relates to:

Primary General
 Convention School
 Special Caucus

Date of Election, Convention or Caucus
November 6, 2012

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 **10/26/12**

Candidate **Mike G. Rivard**, *Mike G. Rivard* Date **10/26/12**



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
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>15,584.46</u>	(18.) \$ _____
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	(19.) \$ _____
c. Subtotal of "Contributions"	(3c.) \$ _____	(20.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(21.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>15,584.46</u>	(22.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>2,313.80</u>	(23.) \$ <u>2,316.80</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(24.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>16,249.52</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>16,249.52</u>	(23.) \$ <u>16,511.38</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>13,500.⁰⁰</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>3,126.08</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>15,584.46</u>	
	(15.) = \$ <u>18,710.54</u>	
15. SUBTOTAL Add lines 13 and 14		
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>16,249.52</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>2,461.02</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150645

2. Committee Name The Committee to Elect Mike Rivard

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 9/16/12

Name & Address:
Cara Barcia
1206 N. Williams Street
Bay City, MI 48706

\$ 10.00 \$ _____

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

Occupation Retired 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 9/16/12

Name & Address:
Patrick O. Duggan
PO Box 203
KawKawlin, MI 48631

\$ 50.00 \$ _____

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

Occupation Asst Prosecutor Employer Saginaw County

[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 9/16/12

Name & Address:
Mike Green for Senate
PO Box 404
Caro, MI 48723-0404

\$ 100.00 \$ _____

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 9/10/12

Name & Address:
Bud & Frieda Morrison
634 W. Mills Rd
Twining MI 48766

\$ 40.00 \$ _____

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

Occupation Retired Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal 200.00

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 9/12/12
Name & Address:
Walt Duranczyk
Auburn, MI 48631

\$ 40.00 \$ _____

5. If over \$100.00 cumulative, please provide:
Occupation Pharmacist Employer Monitor Pharmacy [Click Here for Memo Itemization](#)
Business Address Midland Rd, BC MI 48706
Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 2 PAC Receipt? YES 4. Date of Receipt 9/12/12
Name & Address:
Mike Bouckaert
4799 Stephen Ct
Auburn, MI 48611

\$ 100.00 \$ _____

5. If over \$100.00 cumulative, please provide:
Occupation Owner/Pharmacist Employer Monitor Pharmacy [Click Here for Memo Itemization](#)
Business Address Midland Rd, BC, MI 48706
Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 9/17/12
Name & Address:
Rich + Lois Niemann
4081 Richlyn Ct
Bay City, MI 48706

\$ 40.00 \$ 240.00

5. If over \$100.00 cumulative, please provide:
Occupation Retired 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 9/19/12
Name & Address:
Robert & Suzanne Rivard
1498 W. Anderson Rd
Linwood, MI 48634

\$ 20.00 \$ _____

5. If over \$100.00 cumulative, please provide:
Occupation Retired Employer _____ [Click Here for Memo Itemization](#)
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal 200.00
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 9/19/12
Name & Address:

Daniel L Pletzke
1067 Shady Shore
Bay City, MI 48706

\$ 50.00 \$ 210.00

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

Occupation Mgr Employer Northern Concrete

[Click Here for Memo Itemization](#)

Business Address 401 Kelton Bay City MI 48704

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 2 PAC Receipt? YES 4. Date of Receipt 10/7/12
Name & Address:

Matt Lance
306 Johnson St
Bay City, MI 48708

\$ 40.00 \$ _____

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 10/7/12
Name & Address:

Delores Oswald
2245 Wenonah Dr
Standish, MI 48658

\$ 50.00 \$ _____

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 10/7/12
Name & Address:

~~_____~~ Roger & Vicki Nagy
1835 E N Boutell
Linwood, MI 48634

\$ 40.00 \$ _____

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

Page Subtotal \$180.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 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 10/7/12
Name & Address:

Danielle Cisick
3381 Anna Dr
Bay City, MI 48706

\$ 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 # 2 PAC Receipt? YES 4. Date of Receipt 10/7/12
Name & Address:

Pat & Debbie Duggan
218 Oakdale
Bay City, MI 48706

\$ 40.00

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 10/7/12
Name & Address:

Glen & Ann Marie Duncan
51 Christopher Ct
Bay City, MI 48706

\$ 95.00

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 10/7/12
Name & Address:

Dick & Gail Gromaski
2025 E. Coggins Rd
Pineconing, MI 48650

\$ 40.00

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

Page Subtotal

\$ 195.00

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 160645
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 10/7/12

Name & Address:
Earl & Lynn Boria
4649 Cedar Lane
Bay City, MI 48706

\$ 40.00

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 10/7/12

Name & Address:
Chris & Sue Rupp
175 S. Lincoln Rd
Bay City, MI 48708

\$ 90.00

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 10/7/12

Name & Address:
Cliff Vennix
418 Patricia
Auburn, MI 48611

\$ 20.00

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 10/7/12

Name & Address:
Erik Johnson
2228 Kara Dr.
Bay City, MI 48706

\$ 80.00

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 Subtot:

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

230.00

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 10/7/12
Name & Address:
Brandon DeFrain
303 S Eric St
Bay City, MI 48706

6. Amount \$25.00 \$ _____

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 10/7/12
Name & Address:
Joel & Dawn Johnson
9990 Bass Lake
Clare, MI 48617

6. Amount _____ \$ 100.00

5. If over \$100.00 cumulative, please provide:
Occupation State Rep Employer State of MI
Business Address 9990 Bass Lake, Clare, MI 48618
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 10/7/12
Name & Address:
Tom Werth
900 Germania
Bay City, MI 48706

6. Amount \$20.00 \$ _____

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 10/7/12
Name & Address:
Nettie Vennix
947 Mackinaw Rd
KawKawlin, MI 48631

6. Amount \$20.00 \$ _____

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 \$105.00

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 1501045
2. Committee Name The Committee to Elect Mike Rraid

3. 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>10/7/12</u>	
Name & Address: <u>Bob Venny.</u> <u>947 Mackinaw</u> <u>KawKawlin, MI 48631</u>		\$ <u>20.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input 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>10/7/12</u>	
Name & Address: <u>Tom Niemann</u> <u>4058 Allen Ct</u> <u>Bay City, MI 48706</u>		\$ <u>100.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input 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>10/7/12</u>	
Name & Address: <u>Kellie Snyder</u> <u>1204 Elm</u> <u>Bay City, MI 48706</u>		\$ <u>30.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input 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>10/7/12</u>	
Name & Address: <u>Kaitlyn Ittner</u> <u>3381 Anna Dr</u> <u>Bay City, MI 48706</u>		\$ <u>20.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 170.00
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 10/7/12
Name & Address:
Larry Oswald
2245 ~~Wenonah Dr~~
Wenonah Dr
Standish, MI 48658
5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

\$ 20.00 \$ _____
[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/7/12
Name & Address:
Zach Rivard
3381 Anna Dr
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 \$ _____
[Click Here for Memo Itemization](#)

3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/7/12
Name & Address:
Ron Knienm
810 N. Garfield 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

\$ 220.00 \$ _____
[Click Here for Memo Itemization](#)

3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 10/7/12
Name & Address:
Bernice Rivard
810 N. Garfield 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

\$ 20.00 \$ _____
[Click Here for Memo Itemization](#)

Page Subtotal 280.00
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

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6. Amount

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

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/7/12

Name & Address:

Cynthia Luczak Your Co. Clerk
808 Frost Drive
Bay City, MI 48706

\$ 100.00

\$ _____

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

Occupation Co Clerk Employer Bay County

[Click Here for Memo Itemization](#)

Business Address 515 Center Ave Bay City MI 48708

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 2 PAC Receipt? YES 4. Date of Receipt 10/7/12

Name & Address

Doug Luczak
908 Frost Dr.
Bay City, MI 48706

\$ 40.00

\$ 290.00

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

Occupation Owner Employer Cephart Funeral Home

[Click Here for Memo Itemization](#)

Business Address 201 Midland St. Bay City, MI 48706

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/7/12

Name & Address:

Jeff & Patti Shorkey
53 Wheeler Rd
Bay City, MI 48706

\$ 80.00

\$ _____

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 10/7/12

Name & Address

Dan Pletzke
1067 Shady Shore
Bay City, MI 48706

\$ 160.00

\$ 210.00

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

Occupation Mgr Employer Northern Concrete

[Click Here for Memo Itemization](#)

Business Address 401 ^{Kelton} Morton Street, Bay City, MI 48706

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal 380.00

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 10/7/12
Name & Address:

Bill Washabaugh, Jr
420 Ricoma Beach
Bay City, MI 48706

\$ 100.00 \$ _____

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

Occupation Owner Employer Northern Concrete

[Click Here for Memo Itemization](#)

Business Address 401 Kelton St. Bay City, MI 48706

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 2 PAC Receipt? YES 4. Date of Receipt 10/7/12
Name & Address

Marv Wood
2030 Salzburg Rd
Bay City, MI 48706

\$ 200.00 \$ 200.00

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

Occupation Principle Employer Lee Wood Contracting

[Click Here for Memo Itemization](#)

Business Address 930 N Wagner Rd, Essexville, MI 486

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/7/12
Name & Address:

Larry Beson
1105 E Smith St
Bay City, MI 48706

\$ 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 10/7/12
Name & Address

Michael Lutz
1704 Borton Ave
Essexville, MI 48732

\$ 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

Page Subtotal 340.00

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 10/7/12
Name & Address:
Stanley Mac Donald
1408 N. Trumbull St
Bay City, MI 48708

6. Amount: \$ 20.00 \$ _____

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 10/7/12
Name & Address:
Mark & Kathy Janer
1701 Mosher St
Bay City, MI 48706

6. Amount: \$ 40.00 \$ _____

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 10/7/12
Name & Address:
Toni Jessup
3012 Hidden Rd
Bay City, MI 48706

6. Amount: \$ 40.00 \$ _____

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 10/7/12
Name & Address:
Jeanne Werth
900 Germania
Bay City, MI 48706

6. Amount: \$ 20.00 \$ _____

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 120.00

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 Rward

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/14/12

Name & Address:
LFA Hall
2323 Amelith Rd
Bay City MI 48706

6. Amount \$400.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ _____

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
damage dept return

3. Contribution # 2 PAC Receipt? YES 4. Date of Receipt 10/7/12

Name & Address:
Joanne Steinhoff
301 State St
Bay City, MI 48706

6. Amount \$18.61 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ _____

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 10/7/12

Name & Address:
Ron Swartz
4698 Rose Ct
Bay City, MI 48706

6. Amount \$124.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$124.00

5. If over \$100.00 cumulative, please provide:
Occupation Retired 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 10/7/12

Name & Address:
Norbert Begick
6242 3-Mile Rd
Bay City, MI 48706

6. Amount \$10.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ _____

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 552.61

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 10/7/12
Name & Address: John & Delores Guettler
241 N. Lincoln Rd
Bay City, MI 48708 \$ 84.00 \$

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 10/7/12
Name & Address: Art & Millie Pagnier
205 E Center
Linwood, MI 48634 \$ 40.00 \$

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 10/7/12
Name & Address: Marie Rivard
1947 Bentley Rd
Bentley, MI 48613 \$ 240.00 \$ 240.00

5. If over \$100.00 cumulative, please provide: Occupation Retired 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 10/7/12
Name & Address: Rich & Lois Niemann
4081 Richlyn Ct
Bay City, MI 48706 \$ 40.00 \$ 240.00

5. If over \$100.00 cumulative, please provide: Occupation Retired Employer _____ Click Here for Memo Itemization
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal 404.00

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

For contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 10/7/12

Name & Address:
Bob Satkowiak
1308 River Rd
Kawkawlin, MI 48031

6. Amount \$ 350.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 850.00

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

Business Address 126 Maple Ridge Rd Carrollton 48601

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9/23/12

Name & Address:
Bob Satkowiak
1308 River Rd
Kawkawlin, MI 48031

6. Amount \$ 500.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 850.00

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

Business Address 126 Maple Ridge Rd Carrollton

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/7/12

Name & Address:
John Roszatycki
200 13th Street
Bay City, MI 48706

6. Amount \$ 182.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 182.00

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

Business Address Bay City MI 48706

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 10/7/12

Name & Address:
Comm to Elect Robert Lee Sheriff
PO Box 531
Bay City, MI 48707

6. Amount \$ 40.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$

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

Page Subtotal 1,072.00
Grand Total of All Schedules 1A
(Complete on last page of Schedule)
Enter this total on _____



**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.

3. Contribution #	PAC Receipt?	YES	4. Date of Receipt	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: <u>Doug Sommer</u> <u>414 S. Henry Street</u> <u>Bay City, MI 48706</u>	<input type="checkbox"/>	YES	<u>10/7/12</u>	\$ <u>20.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____			Click Here for Memo Itemization		
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser					
3. Contribution # 2 Name & Address: <u>Floyd Willett</u> <u>3406 Hidden Rd</u> <u>Bay City, MI 48706</u>	<input type="checkbox"/>	YES	<u>10/7/12</u>	\$ <u>76.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____			Click Here for Memo Itemization		
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser					
3. Contribution # 3 Name & Address: <u>Mike & Bev Rezler</u> <u>1010 Bangor Rd</u> <u>Bay City, MI 48706</u>	<input type="checkbox"/>	YES	<u>10/7/12</u>	\$ <u>40.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____			Click Here for Memo Itemization		
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser					
3. Contribution # 4 Name & Address: <u>Jim & Judy Powell</u> <u>1975 N. Jones Rd</u> <u>Essexville, MI 48732</u>	<input type="checkbox"/>	YES	<u>10/7/12</u>	\$ <u>40.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____			Click Here for Memo Itemization		
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser					

Page Subtotal 176.00

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

Enter this total on _____



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

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>Arlene Bush</u> <u>2100 11th Street</u> <u>Bay City, MI 48706</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/7/12</u>	\$ <u>20.00</u>	\$ <u>345.95</u>
5. If over \$700.00 cumulative, please provide: Occupation <u>Principle</u> Employer <u>Harris-Bush Real Estate</u> Click Here for Memo Itemization Business Address <u>311 Center Ave Bay City, MI 48708</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				
3. Contribution #2 Name & Address: <u>Joe Davis</u> <u>909 N. Wenona</u> <u>Bay City, MI 48706</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/7/12</u>	\$ <u>130.00</u>	\$ <u>130.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Co Comm.</u> Employer <u>Bay Co.</u> Click Here for Memo Itemization Business Address <u>515 Center Ave Bay City MI 48708</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				
3. Contribution #3 Name & Address: <u>Charles + Kellie Bauer</u> <u>607 Ohio Street</u> <u>Bay City, MI 48706</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/7/12</u>	\$ <u>85.00</u>	\$ _____
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 checked="" type="checkbox"/> Fund Raiser				
3. Contribution #4 Name & Address: <u>Sally Preston</u> <u>4491 E Park Dr.</u> <u>Bay City, MI 48706</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/7/12</u>	\$ <u>20.00</u>	\$ _____
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 checked="" type="checkbox"/> Fund Raiser				

Page Subtotal 255.00

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

Enter this total on _____



**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 10/7/12
Name & Address: Mike Green
1500 E Blackmore Rd
Mayville, MI 48744

6. Amount \$20.00 \$ _____

5. If over \$100.00 cumulative, please provide:
Occupation State Senator Employer State of MI
Business Address Lansing, MI
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 10/7/12
Name & Address: Rod Sowers
339 N. Huron Road
Linwood, MI 48634

6. Amount \$135.00 \$ 135.00

5. If over \$100.00 cumulative, please provide:
Occupation Security Guard Employer LFA Hall
Business Address 2323 Amelith Rd Bay City MI 48706
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 _____
Name & Address: _____

6. Amount \$ _____ \$ _____

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 _____
Name & Address: _____

6. Amount \$ _____ \$ _____

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 \$155.00

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

Enter this total on line 3a 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>LFA</u> Address <u>2323 Amelith Rd Bay City, MI 48706</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Deposit for Hall</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/4/12</u> Date	<u>\$ 200.00</u>
Expenditure #2 Name <u>WTU</u> Address _____ <input type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser Advertising</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/6/12</u> Date	<u>\$ 134.00</u>
Expenditure #3 Name <u>Bill Carney</u> <u>Kiesel Rd</u> Address <u>Bay City, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Magnetic signs for Advertising</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/7</u> Date	<u>\$ 45.00</u>
Expenditure #4 Name <u>Bill Schuette for AG</u> Address <u>Midland, MI 48640</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser Advertising</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/10</u> Date	<u>\$ 50.00</u>
Expenditure #5 Name <u>EH Lions Club</u> <u>Roar for Sight</u> Address <u>Essexville, MI 48732</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser Advertising</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/16</u> Date	<u>\$ 50.00</u>

Subtotal this page 479.00

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

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Bay Co Treasurer</u> Address <u>515 Center Avenue</u> <u>Bay City, MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>FOIA Pmt for Information</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/17/12</u> Date	<u>\$ 53.72</u> Click Here for Memo Itemization Type
Expenditure #2 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>Tickets</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/5/12</u> Date	<u>\$ 62.54</u> Click Here for Memo Itemization Type
Expenditure #3 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</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/4/12</u> Date	<u>\$ 62.01</u> Click Here for Memo Itemization Type
Expenditure #4 Name <u>Staples</u> Address <u>1517 Joe Mann Blvd</u> <u>Midland, MI 48642</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>9/17/12</u> Date	<u>\$ 24.36</u> Click Here for Memo Itemization Type
Expenditure #5 Name <u>Staples</u> Address <u>1517 Joe Mann Blvd</u> <u>Midland, MI 48642</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>9/17/12</u> Date	<u>\$ 45.25</u> Click Here for Memo Itemization Type

Subtotal this page 247.⁸⁸
 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>GFS</u> Address <u>1511 Joe Mann Blvd Midland, MI 48640</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Candy</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/17/12</u> Date	<u>\$26.97</u> Click Here for Memo Itemization Type
Expenditure #2 Name <u>Speedway</u> Address <u>Wilder Rd Bay City, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Gas</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/17/12</u> Date	<u>\$52.45</u> Click Here for Memo Itemization Type
Expenditure #3 Name <u>Staples</u> Address <u>4021 N. Euclid Ave Bay City, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Ink Cartridges</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/1/12</u> Date	<u>\$100.67</u> Click Here for Memo Itemization Type
Expenditure #4 Name <u>Rotary Club BE Charitibles</u> Address <u>Bay City, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser Advertising</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/24</u> Date	<u>\$130.00</u> Click Here for Memo Itemization Type
Expenditure #5 Name <u>Committee to Elect Dennis</u> Address <u>Orchard Drive Poirier Essexville, MI 48732</u> <input 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>9/24</u> Date	<u>\$40.00</u> Click Here for Memo Itemization Type

Subtotal this page

350.09

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 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>BCRP</u> Address <u>Bay City, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Lincoln Day Fundraiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/27</u> Date	<u>\$ 80.00</u>
Expenditure #2 Name <u>Winning Strategies</u> Address <u>3805 Lorraine Flint, MI 48506</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Mailer</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/7/12</u> Date	<u>\$ 12,176.00</u>
Expenditure #3 Name <u>Rich Sniecinski</u> Address <u>Schmidt Rd Kaw Kawolin, MI 48631</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>DJ</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/7/12</u> Date	<u>\$ 269.00</u>
Expenditure #4 Name <u>Monitor Pharmacy</u> Address <u>Midland Rd Bay City, MI 48706</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Beverages for Fundraiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/7/12</u> Date	<u>\$ 30.74</u>
Expenditure #5 Name <u>GFB</u> Address <u>Wilder Rd Bay City, MI 48706</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Cups for Fundraiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/1/12</u> Date	<u>\$ 16.07</u>

Subtotal this page 12,571.81
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>Shoe's Corner Store</u> Address <u>Anderson Road</u> <u>Linwood, MI 48134</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Meat for Fundraiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/6/12</u> Date	<u>\$ 47.40</u> Click Here for Memo Itemization Type
Expenditure #2 Name <u>Sams Club</u> Address <u>Bay Road</u> <u>Saginaw, MI</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Beverages for Fundraiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/4/12</u> Date	<u>\$ 62.84</u> Click Here for Memo Itemization Type
Expenditure #3 Name <u>Walmart</u> Address <u>Wilder Rd</u> <u>Bay City, MI 48706</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Paper Products for Fundraiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/1/12</u> Date	<u>\$ 43.63</u> Click Here for Memo Itemization Type
Expenditure #4 Name <u>BayCoRTL</u> Address <u>Bay City, MI 48706</u> <input 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>10/16/12</u> Date	<u>\$ 70.00</u> Click Here for Memo Itemization Type
Expenditure #5 Name <u>LFA Hall</u> Address <u>2323 Amelith Rd</u> <u>Bay city, MI 48706</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Balance on Food/Fundraiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/7/12</u> Date	<u>\$ 2200.00</u> Click Here for Memo Itemization Type

Subtotal this page

\$ 2423.87

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>Lynn Rivard</u> Address <u>840 N. Garfield Rd Linwood, MI 48634</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Various Expenses, Gar for car + truck</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/11/12</u> Date	\$ <u>140.87</u>
Expenditure #2 Name <u>Kaleidoscope Kandy</u> Address <u>Columbus Ave Bay City, MI 48708</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Dessert for Fundraiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/6/12</u> Date	\$ <u>36.00</u>
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 176.87
Grand Total of all Schedules 1B
(Complete on last page of Schedule) 16,249.52
Enter this total on line 8a of



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

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

Name and Address from whom received 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>Glen Duncan</u> <u>Duncan's Outdoor Shop</u> <u>Salzburg Ave</u> <u>Bay City, MI 48706</u> If over \$100.00 cumulative, please provide: Occupation: <u>Owner</u> Employer Name & Business Address: <u>Duncan's Outdoor Shop</u> <u>Salzburg Ave</u> <u>Bay City, MI 48706</u> <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Rifle Scope</u> 5. Date Of Receipt: <u>October 3, 2012</u> 6. Vendor Name & Address:	\$ <u>400.00</u>	
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: XXXXXXXXXX <u>Jeanne Werth</u> <u>900 Germania</u> <u>Bay City, MI 48706</u> If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Bessinger Pickles</u> 5. Date Of Receipt: <u>Sept 30, 2012</u> 6. Vendor Name & Address:	\$ <u>15.00</u>	
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: <u>Graff Chevrolet</u> <u>3636 Wilder Rd</u> <u>Bay City, MI 48706</u> If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Oil Change Certificate</u> 5. Date Of Receipt: <u>Sept 28, 2012</u> 6. Vendor Name & Address:	\$ <u>35.00</u>	
<input type="checkbox"/> Fund Raiser Contribution		Page Subtotal <u>450.00</u>	

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

Enter this total
on line 6 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

Name and Address from whom received 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>Tom Niemann</u> <u>4058 Allen Ct</u> <u>Bay City MI 48706</u> If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer Name & Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Print</u> 5. Date Of Receipt: <u>Oct 3, 2012</u> 6. Vendor Name & Address:	\$ <u>200.00</u>	
Click Here for Memo Itemization			
<input checked="" type="checkbox"/> Fund Raiser Contribution Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: <u>Lynn Rivard</u> <u>840 N. Garfield Rd</u> <u>Linwood, MI 48634</u> If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Petit fors Cert.</u> 5. Date Of Receipt: <u>Oct 7, 2012</u> 6. Vendor Name & Address:	\$ <u>60.00</u>	
Click Here for Memo Itemization			
<input checked="" type="checkbox"/> Fund Raiser Contribution Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: <u>Doug Luczak</u> <u>308 Frost Drive</u> <u>Bay City MI 48706</u> If over \$100.00 cumulative, please provide: Occupation: <u>DWPER</u> Employer Name & Address: <u>Gephart Funeral Home</u> <u>201W Midland St</u> <u>Bay City, MI 48706</u>	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Eagle Casino Gift Cert</u> 5. Date Of Receipt: <u>Oct 1, 2012</u> 6. Vendor Name & Address:	\$ <u>100.00</u>	
Click Here for Memo Itemization			

Page Subtotal 360.00

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

Enter this total
on line 6 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

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)
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Contribution # 1 PAC Receipt? Yes

Name & Address:
Lynn Rivard
840 N. Garfield Rd
Bay City, MI 48634

If over \$100.00 cumulative, please provide:
Occupation: Secretary

Employer Name & Business Address:
State of MI
401 Ketchum St
Bay City MI 48706

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: Car Wash Coupons

5. Date Of Receipt: Sept 15, 2012

6. Vendor Name & Address:

\$ 65.00 \$ 125.00

[Click Here for Memo Itemization](#)

Fund Raiser Contribution

Contribution # 2 PAC Receipt? Yes

Name & Address:
Graff Chevrolet
326 Wilder Rd
Bay City, MI 48706

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: Brake Certificate

5. Date Of Receipt: Sept 28, 2012

6. Vendor Name & Address:

\$ 149.95 \$ 184.95

[Click Here for Memo Itemization](#)

Fund Raiser Contribution

Contribution #3 PAC Receipt? Yes

Name & Address:
Allan Herman
Friends of NRA
Beaver Rd 322
Bay City, MI 48706

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: NRA Steak Knives

5. Date Of Receipt: Oct 2, 2012

6. Vendor Name & Address:

\$ 100.00 \$

[Click Here for Memo Itemization](#)

Fund Raiser Contribution

	Page Subtotal	<u>314.95</u>
Grand Total of all Schedules 1-IK (Complete on last page of Schedule)		

Enter this total on line 6 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

Name and Address from whom received in 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: Tammy Bouckhaert
Monitor Pharmacy
Midland Rd
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 Print

5. Date Of Receipt: Sept 15, 2012

6. Vendor Name & Address:

Amount: \$ 65.00

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Fund Raiser Contribution

Contribution # 2 PAC Receipt? Yes

Name & Address: Kaleidoscope Kandy
Columbus Ave
Bay City, MI 48706

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 Cookie Certificate

5. Date Of Receipt: Oct. 3, 2012

6. Vendor Name & Address:

Amount: \$ 36.00

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Fund Raiser Contribution

Contribution #3 PAC Receipt? Yes

Name & Address: Allan Herman
Friends of NRA
3921 Beaver Rd
Bay City, MI 48706

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 George Washington Sculpture

5. Date Of Receipt: Oct 2, 2012

6. Vendor Name & Address:

Amount: \$ 200.00

Cumulative: \$ 300.00

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Fund Raiser Contribution

Page Subtotal 301.00

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

Enter this total on line 6 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

Name and Address from whom received 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: Tom Niemann
4058 Allen Ct
Bay City, MI 48706

If over \$100.00 cumulative, please provide:
Occupation: Retired
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: Print

5. Date Of Receipt: Oct. 3, 2012
6. Vendor Name & Address:

Amount: \$ 75.00

[Click Here for Memo Itemization](#)

Fund Raiser Contribution

Contribution # 2 PAC Receipt? Yes

Name & Address: Allan Herman
Friends of NRA
3221 Beaver Rd
Bay City, MI 48706

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: Rifle Cleaning Mat / Coffee Mugs

5. Date Of Receipt: Oct 2, 2012
6. Vendor Name & Address:

Amount: \$ 50.00 Cumulative: \$ 350.00

[Click Here for Memo Itemization](#)

Fund Raiser Contribution

Contribution #3 PAC Receipt? Yes

Name & Address: Tom Werth
900 Germania
Bay City, MI 48706

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: Sheath Knife, Hat, Flashlight

5. Date Of Receipt: Oct. 4, 2012
6. Vendor Name & Address:

Amount: \$ 60.00

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Fund Raiser Contribution

Page Subtotal 185.00

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

Enter this total on line 6 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

Name and Address from whom received Contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box)	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
	5. Date of Receipt		

Contribution # 1	PAC Receipt? <input type="checkbox"/> Yes	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan		
Name & Address: <u>Alan Herman</u> <u>Friends of NRA</u> <u>3221 Beaver Rd</u> <u>Bay City MI 48706</u>		<input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated	\$ <u>300.00</u>	\$ <u>650.00</u>
If over \$100.00 cumulative, please provide: Occupation:		<input type="checkbox"/> Goods or Services Purchased by Candidate or Others		
Employer Name & Business Address:		<input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN		
		Description <u>Binoculars, Carrying Case</u>		
		5. Date Of Receipt: <u>Binoculars, Carrying Case</u> <u>Oct 2, 2012</u>		
		6. Vendor Name & Address:		
				Click Here for Memo Itemization
<input checked="" type="checkbox"/> Fund Raiser Contribution				

Contribution # 2	PAC Receipt? <input type="checkbox"/> Yes	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan		
Name & Address: <u>Lynn Rivard</u> <u>840 N. Garfield Rd</u> <u>Linwood, MI 48634</u>		<input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated	\$ <u>25.95</u>	\$ <u>150.95</u>
If over \$100.00 cumulative, please provide: Occupation: <u>Secretary</u>		<input type="checkbox"/> Goods or Services Purchased by Candidate or Others		
Employer Name & Address: <u>State of MI</u> <u>401 Ketchum St</u> <u>Bay City, MI 48706</u>		<input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN		
		Description <u>Book</u>		
		5. Date Of Receipt: <u>Oct 1, 2012</u>		
		6. Vendor Name & Address:		
				Click Here for Memo Itemization
<input checked="" type="checkbox"/> Fund Raiser Contribution				

Contribution #3	PAC Receipt? <input type="checkbox"/> Yes	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan		
Name & Address: <u>Arlene Bush</u> <u>2100 11th St</u> <u>Bay City, MI 48706</u>		<input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated	\$ <u>50.00</u>	\$ _____
If over \$100.00 cumulative, please provide: Occupation: <u>Principle</u>		<input type="checkbox"/> Goods or Services Purchased by Candidate or Others		
Employer Name & Address: <u>Harn's Bush Real Estate</u> <u>311 Center Ave</u> <u>Bay City MI 48706</u>		<input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN		
		Description <u>Purse</u>		
		5. Date Of Receipt: <u>Oct 7, 2012</u>		
		6. Vendor Name & Address:		
				Click Here for Memo Itemization
<input checked="" type="checkbox"/> Fund Raiser Contribution				

Page Subtotal 375.95

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

Enter this total
on line 6 of Summary



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

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

Name and Address from whom received 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>Arlene Bush</u> <u>2100 11th Street</u> <u>Bay City, MI 48708</u> If over \$100.00 cumulative, please provide: Occupation: <u>Principle</u> Employer Name & Business Address: <u>Harris-Bush Real Estate</u> <u>311 Center Ave</u> <u>Bay City, MI 48708</u> <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>BOOK</u> 5. Date Of Receipt: <u>Oct 7, 2012</u> 6. Vendor Name & Address:	\$ <u>25.95</u>	
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: <u>Arlene Bush</u> <u>2100 11th Street</u> <u>Bay City, MI 48708</u> If over \$100.00 cumulative, please provide: Occupation: <u>Principle</u> Employer Name & Business Address: <u>Harris-Bush Real Estate</u> <u>311 Center Ave</u> <u>Bay City, MI 48708</u> <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>BOOK</u> 5. Date Of Receipt: <u>Oct 7, 2012</u> 6. Vendor Name & Address:	\$ <u>25.95</u>	
Contribution # 3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: <u>Arlene Bush</u> <u>2100 11th St</u> <u>Bay City, MI 48708</u> If over \$100.00 cumulative, please provide: Occupation: <u>Principle</u> Employer Name & Business Address: <u>Harris Bush Real Estate</u> <u>311 Center Ave</u> <u>Bay City, MI 48708</u> <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Election Memorabilia</u> 5. Date Of Receipt: <u>Oct 7, 2012</u> 6. Vendor Name & Address:	\$ <u>250.00</u>	

Page Subtotal 301.90

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

Enter this total on line 6 of Summary



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

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

Name and Address from whom received 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:
Cindy Luczak
303 Frost Drive
Bay City MI 48706

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

\$ 25.00 \$

If over \$100.00 cumulative, please provide:
Occupation:

Description Popcorn Bags

Employer Name & Business Address:

5. Date Of Receipt: Oct 6, 2012
6. Vendor Name & Address:

[Click Here for Memo Itemization](#)

Fund Raiser Contribution

Contribution # 2 PAC Receipt? Yes

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

If over \$100.00 cumulative, please provide:
Occupation:

Description

Employer Name & Address:

5. Date Of Receipt:
6. Vendor Name & Address:

[Click Here for Memo Itemization](#)

Fund Raiser Contribution

Contribution #3 PAC Receipt? Yes

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

If over \$100.00 cumulative, please provide:
Occupation:

Description

Employer Name & Address:

5. Date Of Receipt:
6. Vendor Name & Address:

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Fund Raiser Contribution

Page Subtotal 25.00

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) 2313.80

Enter this total
on line 8 of Summary



**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>October 7, 2012</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>135</u>	5. Type of Fund Raising Activity <u>Chicken Dinner</u>	6. Address and Name (if any) of the place where the activity was held. <u>3323 Amelith Rd Bay City, MI 48706</u> <input type="checkbox"/> Private Residence
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7. Total Contributions \$5083.61
8. Other Receipts ∅
9. Gross Receipts (Add lines 7 and 8) \$5083.61
10. Total Cost of Event \$2,995.19
(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-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.



**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 endorsers 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: Mike Rivard 840 N. Garfield Rd Linwood, MI 48634	4. Type: <u>Loan to Committee</u> 5. <u>Date Debt Was Incurred:</u> <u>7/16/2012</u> 6. <u>Original Amount of Debt:</u> <u>\$ 3000.00</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: Mike Rivard 840 N. Garfield Rd Linwood, MI 48634	4. Type: <u>Loan to Committee</u> 5. <u>Date Debt Was Incurred:</u> <u>10/3/12</u> 6. <u>Original Amount of Debt:</u> <u>\$ 10,500</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>10,500.00</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) 13,500.00
Grand Total of all Schedules 1E 13,500.00
(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.