



**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

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

3. This Statement covers From: 01/01/2008 To: 07/20/2008
Mo Day Year Mo Day Year

1. Committee I.D. Number
150313-0

2. Committee Name
Committee to Elect Joseph Rivet

4. Candidate Last Name First Name M.I.
Rivet Joseph L.

4a. Office Sought Including District # or Community Served (If applicable)
To Be Determined DRAIN COMMISSIONER

4b. County of Residence Driver License # (Optional)
Bay

5. Committee's Mailing Address
4542 Mocasa Ct.

Bay City MI 48706
Area Code and Phone (989) 671-2153

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address
JOSEPH RIVET
4542 MOLASA CT, BAY CITY, MI 48706

Area code & Phone 989.671.2153

Driver License # (Optional) _____

7. Treasurer's Business Address
515 CENTER AVE.
BAY CITY, MI 48708

Area Code and Phone 989.895.4290

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

Area Code and Phone _____

Driver License # (Optional) _____

BY _____ JUN 21 2008

9. TYPE OF STATEMENT

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

Pre-Election or Post-Election Statement relates to:

Primary General
 Convention School
 Special Caucus

Date of Election, Convention or Caucus
08/05/2008
Month Day Year

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

Mon Day Year

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.

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 can not be waived.

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.

Current Treasurer or Designated Recordkeeper JOSEPH L. RIVET, [Signature] Date 7 21 08
Type or Print Name Signature Mo Day Year

Candidate Joseph L. Rivet, [Signature] Date 7 21 08
Type or Print Name Signature Mo Day Year

Authority granted under P.A. 388 of 1976



**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>200.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>0.00</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>200.00</u>	(18.) \$ <u>7458.26</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>200.00</u>	(20.) \$ <u>7458.26</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>500.00</u>	(21.) \$ <u>550.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>1585.00</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>235.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>1820.00</u>	(23.) \$ <u>7642.05</u>
INCIDENTAL EXPENSE DISBURSEMENTS (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>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
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>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>3495.72</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + <u>200.00</u>	
15. SUBTOTAL Add Lines 13 and 14	(15.) = <u>3695.72</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - <u>1820.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>1875.72</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 if 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)
<p>3. Contribution # <u>1</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/03/2008</u></p> <p>Name: <u>Jeff Teitz</u> Address: <u>3380 Wildner Rd.</u> <u>Unionville MI 48767</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Contractor</u> Employer <u>Jeff Teitz</u></p> <p>Business Address <u>3380 Wildner Rd.</u> <u>Unionville MI 48767</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	200.00	200.00

Page Subtotal

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

200.00
200.00

Enter this total on
line 3a of
Summary Page



**ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150313-0

2. Committee Name Committee to Elect Joseph Rivet

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> 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 # <u>1</u> PAC Receipt? <input type="checkbox"/> Yes Name: <u>Joseph Rivet for State Rep. Co</u> Address: <u>4481 W. Park Drive</u> <u>Bay City MI 48706</u> If over \$100.00 cumulative, please provide: Occupation: <u>DRAIN LUMM</u> Employer: <u>COUNTY OF BAY</u> Business Address: <u>915 CENTER AVE. BAY CITY, MI 48702</u> <input 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>Previously Used Yard Signs/Stakes</u> 5. Date OF RECEIPT: <u>06/01/2008</u> 6. VENDOR NAME & ADDRESS: _____ _____	500.00	2048.26

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

500.00
500.00

Enter this total on line 6 of Summary



**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>Staff Gifts</u> Expenditure Code <u>GI</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	01/27/2008	265.00
Expenditure # 2 Name: Friends of Brian Elder Address: 915 Fifth Street Bay City MI 48708 <input type="checkbox"/> Fund Raiser	Purpose: <u>tickets</u> Expenditure Code <u>TC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	02/05/2008	50.00
Expenditure # 3 Name: Champps Resturant Address: 2800 Pryede Blvd Lansing MI 48912 <input type="checkbox"/> Fund Raiser	Purpose: <u>Retirement/Volunteer Dinner</u> Expenditure Code <u>GI</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	02/15/2008	500.00
Expenditure # 4 Name: Friends of Vicki Roupe Address: 3114 Kirkwood Bay City MI 48706 <input type="checkbox"/> Fund Raiser	Purpose: <u>Tickets</u> Expenditure Code <u>TC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	02/21/2008	20.00
Expenditure # 5 Name: Friends of Don Tilley Address: 617 Green Ave. Bay City MI 48708 <input type="checkbox"/> Fund Raiser	Purpose: <u>Tickets</u> Expenditure Code <u>TC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	03/02/2008	25.00

Subtotal this page

860.00

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 # 6 Name: MSU Alumni Assoc. Bay County Address: 2512 Bala Ct. 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	03/08/2008	82.00
Expenditure # 7 Name: Postmaster Address: Bay City MI 48708 <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	03/23/2008	200.00
Expenditure # 8 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	04/08/2008	65.00
Expenditure # 9 Name: Postmaster Address: Bay City MI 48708 <input type="checkbox"/> Fund Raiser	Purpose: <u>Stamps</u> Expenditure Code <u>MA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/08/2008	43.00
Expenditure # 10 Name: Friends of Sally Gray Address: 5009 S. Fraser Bay City MI 48706 <input type="checkbox"/> Fund Raiser	Purpose: <u>Tickets</u> Expenditure Code <u>TC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/24/2008	20.00

Subtotal this page

410.00

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: Bay County Address: 515 Center Ave. Bay City MI 48708 <input type="checkbox"/> Fund Raiser	Purpose: <u>Filing Fee</u> Expenditure Code <u>FF</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/28/2008	100.00
Expenditure # 12 Name: Bay County Democratic Party Address: 4538 Greenfield Bay City MI 48706 <input type="checkbox"/> Fund Raiser	Purpose: <u>Spring Fling Dinner</u> Expenditure Code <u>PP</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/28/2008	100.00
Expenditure # 13 Name: Bay County Democratic Party Address: 4538 Greenfield Bay City MI 48706 <input type="checkbox"/> Fund Raiser	Purpose: <u>Party Membership</u> Expenditure Code <u>PP</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/25/2008	40.00
Expenditure # 14 Name: Friends of Terry Watson Address: 93 Rivertrail Bay City MI 48706 <input type="checkbox"/> Fund Raiser	Purpose: <u>Tickets</u> Expenditure Code <u>TC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/15/2008	25.00
Expenditure # 15 Name: MSU Alumni Assoc. Bay County Address: 2512 Bala Ct. 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	07/17/2008	50.00

Subtotal this page

315.00

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

1585.00

Enter this total on line 8a of Summary Page