

Image# 202410129684919213

FEC FORM 2

STATEMENT OF CANDIDACY

| | | |
|--|--|---|
| 1. (a) Name of Candidate (in full) McDonald Rivet, Kristen, , , | | 2. Candidate's FEC Identification Number H4MI08218 |
| (b) Address (number and street) PO Box 854 | <input type="checkbox"/> Check if address changed | |
| (c) City, State, and ZIP Code Bay City MI 48707 | 3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A) | |
| 4. Party Affiliation DEMOCRATIC PARTY | 5. Office Sought House | 6. State & District of Candidate MI 08 |

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

| | | |
|---|--|--|
| (a) Name of Committee (in full) Kristen for Michigan | | |
| (b) Address (number and street) PO Box 854 | | |
| (c) City, State, and ZIP Code Bay City MI 48707 | | |

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

| | | |
|--|--|--|
| (a) Name of Committee (in full) KEEP MICHIGAN BLUE FUND | | |
| (b) Address (number and street) 122 C STREET NW SUITE 360 | | |
| (c) City, State, and ZIP Code WASHINGTON DC 20001 | | |

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

| | |
|--|--------------------|
| Signature of Candidate McDonald Rivet, Kristen, , , | Date 10/12/2024 |
|--|--------------------|

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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Optional Supplemental Page for Designation
of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

DESIGNATION OF OTHER AUTHORIZED COMMITTEES
(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

KMR VICTORY FUND

(b) Address (number and street)

122 C ST NW
STE 360

(c) City, State, and ZIP Code

WASHINGTON DC 20001

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

KMR VICTORY FUND

(b) Address (number and street)

122 C ST NW
STE 360

(c) City, State, and ZIP Code

WASHINGTON DC 20001

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

FREEDOM FALL BLUE WAVE FUND

(b) Address (number and street)

600 PENNSYLVANIA AVE SE #15180

(c) City, State, and ZIP Code

WASHINGTON DC 20003

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code