

Image# 202404129627603707

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 04/12/2024
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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)

(b) Address (number and street)

(c) City, State, and ZIP Code

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

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