



**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: 07/21/2008 To: 08/25/2008
Mo Day Year Mo Day Year

1. Committee I.D. Number
150331

2. Committee Name
Committee to Elect Vaughn J. Begick Commissioner

4. Candidate Last Name Begick First Name Vaughn M.I.
4a. Office Sought Including District # or Community Served (If applicable)
3rd Dist Bay Co

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

5. Committee's Mailing Address
522 N Madison
Bay City MI 48708
Area Code and Phone (989) 894-5007

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
John Nyquist
311 N. Grant
Bay City MI 48708
Area code & Phone (989) 894-5394
Driver License # (Optional) _____

7. Treasurer's Business Address
522 N MADISON AVE
Bay City MI 48708
Area Code and Phone (989) 894-5007

8. Designated Recordkeeper's Name and Mailing Address (If the committee has a Designated Recordkeeper)
Margie Begick
5353 Lorraine Court
Bay City MI 48706
Area Code and Phone (989) 686-0578
Driver License # (Optional) _____

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 John Nyquist Signature John Nyquist Date 9-2-2008
Type or Print Name Signature Mo Day Year

Candidate Vaughn Begick Signature Vaughn Begick Date 9-2-2008
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>140.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>0.00</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>140.00</u>	(18.) \$ <u>10648.59</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>655.37</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>140.00</u>	(20.) \$ <u>11303.96</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>125.67</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>50.00</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>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>50.00</u>	(23.) \$ <u>9714.77</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>1629.63</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + <u>140.00</u>	
	(15.) = <u>1769.63</u>	
15. SUBTOTAL Add Lines 13 and 14		
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - <u>50.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>1719.63</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 150331
2. Committee Name Committee to Elect Vaughn J. Begick Commissioner

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>1</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/29/2008</u> Name: <u>Eleonore Begick</u> Address: <u>5828 S. 4 Mile Road</u> <u>Bay City MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	20.00	85.00
3. Contribution # <u>2</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/29/2008</u> Name: <u>R.H. Behmlander</u> Address: <u>5450 Elmview Drive</u> <u>Bay City MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	20.00	60.00
3. Contribution # <u>3</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/01/2008</u> Name: <u>Floyd Stevens</u> Address: <u>3063 Hawthorne</u> <u>Bay City MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Physician</u> Employer <u>Bay Regional Med. Ctr.</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100.00	200.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	140.00 140.00	

Enter this total on
line 3a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150331

2. Committee Name Committee to Elect Vaughn J. Begick Comm-
issioner

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: St. Patrick's Day Parade Assoc Address: Jerry Blondin-Treasurer 2631 Simon St Bay City MI 48708 <input type="checkbox"/> Fund Raiser	Purpose: <u>sponsor for golf outing</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/29/2008	50.00

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

50.00
50.00

Enter this total on line 8a of Summary Page