



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**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: 7-21-08 to 8-25-08  
Mo Day Year Mo Day Year

1. Committee I.D. Number 150463  
2. Committee Name  
KEN MALKIN FOR MONITOR  
TOWNSHIP

4. Candidate Last Name MALKIN First Name KENNETH M.I. M.  
4a. Office Sought Including District # or Community Served (if applicable)  
TOWNSHIP TRUSTEE  
4b. County of Residence BAY

5. Committee's Mailing Address  
4718 WILLOW DRIVE  
BAY CITY MI 48706  
Area Code and Phone (989) 450-1849  
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  
SAME  
Area Code & Phone ( ) \_\_\_\_\_

7. Treasurer's Business Address  
SAME  
Area Code and Phone ( ) \_\_\_\_\_

8. Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper)  
Area Code and Phone ( ) \_\_\_\_\_

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  
8 5 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  
Month Day Year  
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 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.

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 KENNETH M. MALKIN | Ken Malkin Date 9-3-08  
Type or Print Name Signature Mo Day Year  
Candidate KENNETH M. MALKIN | Ken Malkin Date 9-3-08  
Type or Print Name Signature Mo Day Year

X



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 150463  
2. Committee Name KEN MALKIN FOR MONITOR TOWNSHIP

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>0</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>0</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0</u>	(19.) \$ _____
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>0</u>	(20.) \$ <u>1333.14</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ _____	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
<b>EXPENDITURES</b>		
<b>8. Expenditures</b>		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>0</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>0</u>	(23.) \$ <u>1333.14</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
<b>10. Disbursements</b>		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ _____
<b>DEBTS AND OBLIGATIONS</b>		
<b>12. Debts and Obligations</b>		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ _____	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>0</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>0</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>0</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>0</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>0</u>	



ORIGINAL OR AMENDED

STATEMENT OF ORGANIZATION FORM FOR CANDIDATE COMMITTEES

1. Committee ID #: 150463

2. Type of Filing:  
 Original  
 Amendment to Items: \_\_\_\_\_ Eff. Date: \_\_\_\_\_

3. Full Name of Committee (must include Candidate's first and last name): KEN MALKIN FOR MONITOR

4a. Candidate Full Name (Last, First, M.I.): TOWNSHIP  
MALKIN, KENNETH M.

4b. Political Party (if applicable): DEMOCRATIC

4c. County of Residence: BAY

4d. Office Sought (Check one):

<input type="checkbox"/> Governor	<input type="checkbox"/> Lt. Governor	<input type="checkbox"/> State Senator
<input type="checkbox"/> State Rep.	<input type="checkbox"/> Sec. of State	<input type="checkbox"/> Attorney Gen.
<input type="checkbox"/> State Bd. of Ed.	<input type="checkbox"/> UofM Reg.	<input type="checkbox"/> MSU Trustee
<input type="checkbox"/> WSU Gov.	<input type="checkbox"/> Supreme Court	<input type="checkbox"/> Appeals Court
<input type="checkbox"/> Circuit Court	<input type="checkbox"/> District Court	<input type="checkbox"/> Probate Court
<input type="checkbox"/> Municipal Court		

Local or other please specify: TRUSTEE

4e. District/Circuit # or Jurisdiction:

5. Date Committee was Formed: 4/28/08

6a. Committee Phone #: 686-1607

6b. Committee Fax #: 686-1607

6c. Committee E-mail Address: KENMALKIN@CHARTER.MI

7a. Complete Comm. Mailing Address (May be PO Box):  
4718 WILLOW DR.  
BAY CITY, MI 48706

7b. Complete Comm. Street Address (May not be PO Box):  
4718 WILLOW DR.  
BAY CITY, MI 48706

8. Treasurer Name and Complete Address:  
SAME

Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

9. Designated Record Keeper Name and Complete Address:

Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

10.  REPORTING WAIVER REQUEST: If the committee does not expect to receive or expend in excess of \$1,000 in an election and checks this box, the filing requirement of pre, post and annual campaign statements is waived. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold.

11. Name and Address of Depositories or Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loan Association)

a. Official Depository  
FINANCIAL EDGE CREDIT UNION  
BAY CITY, MI

b. Secondary Depository

12.  This item applies only to Gubernatorial Candidate Committees: Check if this committee intends to seek qualifying contributions or make qualifying expenditures.

13. ELECTRONIC FILING: This item applies to committees that file with the Michigan Department of State Bureau of Elections only and does not apply to candidates that file with the County Clerk's office.

The Campaign Finance Act requires any committee that files with the Secretary of State and spends or receives \$20,000 in the preceding calendar year OR expects to receive or spend \$20,000 in the current calendar year to file campaign statements electronically. Merts Plus software is provided to you free of charge to assist you in meeting this requirement.

Committee spent or received or expects to spend or receive in excess of \$20,000 and is required to file electronically.

\*\* OR \*\*

Committee did not spend or receive or does not expect to spend or receive in excess of \$20,000 and would like to file electronically voluntarily.

14. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or belief. If filing electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and completeness of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Name and Date)

Candidate: Ken Malkin 4/28/08

Current Treasurer: Ken Malkin 4/28/08

Designated Record Keeper (Required only if filing electronically): \_\_\_\_\_

FILED 09 APR 28 12 35 PM '08  
 18TH JUDICIAL CIRCUIT  
 BY \_\_\_\_\_  
 BAY COUNTY CLERK

X  
X