



**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: 08/28/2012 To: 10/21/2012
Mo Day Year Mo Day Year

<p>1. Committee I.D. Number 150331</p> <p>2. Committee Name Committee to Elect Vaughn J. Begick Commissioner</p>	<p>4. Candidate Last Name First Name M.I. Begick Vaughn</p> <p>4a. Office Sought Including District # or Community Served (If applicable) 3rd Dist Bay Co</p> <p>4b. County of Residence Driver License # (Optional) Bay</p>
<p>5. Committee's Mailing Address 522 N Madison</p> <p>Bay City MI 48708 Area Code and Phone (989) 894-5007</p> <p>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.</p>	<p>6. Treasurer's Name & Residential Address John Nyquist 311 N. Grant</p> <p>Bay City MI 48708 Area code & Phone (989) 450-1721</p> <p>Driver License # (Optional)</p>
<p>7. Treasurer's Business Address 522 N MADISON AVE</p> <p>Bay City MI 48708 Area Code and Phone (989) 894-5007</p>	<p>8. Designated Recordkeeper's Name and Mailing Address (If the committee has a Designated Recordkeeper) Margie Begick 5353 Lorraine Court</p> <p>Bay City MI 48706 Area Code and Phone (989) 686-0578</p> <p>Driver License # (Optional)</p>

FILED
 OCT 24 10 31 PM '12
 CLERK
 STATE OF MICHIGAN
 BUREAU OF ELECTIONS

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
11/06/2012
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 10/21/2012
Type or Print Name Signature Mo Day Year

Candidate Vaughn Begick Signature *Vaughn Begick* Date 10/21/2012
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>615.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>0.00</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>615.00</u>	(18.) \$ <u>7900.00</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>615.00</u>	(20.) \$ <u>7900.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>242.88</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>2259.24</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>2259.24</u>	(23.) \$ <u>6631.58</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>4704.75</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + <u>615.00</u>	
	(15.) = <u>5319.75</u>	
15. SUBTOTAL Add Lines 13 and 14	(16.) - <u>2259.24</u>	
16. Amount expended during reporting period (Add lines 9 and 11)		
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>3060.51</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 Comm-
issioner

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 <u>all</u> 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>09/20/2012</u> Name: Eleonore Begick Address: 5828 S. 4 Mile Road Bay City MI 48706 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	50.00	90.00
3. Contribution # <u>2</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/20/2012</u> Name: David Huiskens Address: 88 Tobico Beach Bay City MI 48706 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	25.00	50.00
3. Contribution # <u>3</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/20/2012</u> Name: Howard Hurt Address: 3720 Katalin Court Bay City MI 48706 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	80.00
3. Contribution # <u>4</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/20/2012</u> Name: Jody Meagher Address: 3873 Utah Drive Bay City MI 48706 5. If over \$100.00 cumulative, please provide: Occupation <u>Labor Relations Repre-</u> Employer <u>General Motors Pwr Train</u> <u>sentative</u> Business Address <u>1001 Woodside</u> <u>Bay City MI 48708</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	50.00	250.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	145.00	

Enter this total on
line 3a of
Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150331
2. Committee Name Committee to Elect Vaughn J. Begick Comm-
issioner

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 <u>all</u> contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>5</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/20/2012</u> Name: <u>Roy G Schwab</u> Address: <u>3218 Old Kawkawlin Rd</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	25.00	95.00
3. Contribution # <u>6</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/05/2012</u> Name: <u>Scott Holman</u> Address: <u>3003 Evergreen</u> <u>Bay City MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Engineer</u> Employer <u>Bay Cast Inc</u> Business Address <u>2611 Center Avenue</u> <u>Bay City MI 48708</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	250.00	250.00
3. Contribution # <u>7</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/05/2012</u> Name: <u>Lucille Martin</u> Address: <u>2941 Chrysler 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	30.00	80.00
3. Contribution # <u>8</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/08/2012</u> Name: <u>Scott Sturm</u> Address: <u>1017 Pine 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	25.00	25.00
Page Subtotal	330.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

Enter this total on
line 3a of
Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150331
2. Committee Name Committee to Elect Vaughn J. Begick Comm-
issioner

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 <u>all</u> contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>9</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/08/2012</u> Name: <u>Marsha Voisine</u> Address: <u>5967 Red Feather Dr</u> <u>Bay City MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100.00	120.00
3. Contribution # <u>10</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/08/2012</u> Name: <u>James Washabaugh</u> Address: <u>5914 - 4 mile rd</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	40.00	90.00

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

Page Subtotal	140.00
Grand Total of All Schedules 1A (Complete on last page of Schedule)	615.00

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 Commissioner

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: Neeetz Printing Inc Address: 700 S Euclid Bay City MI 48706 <input type="checkbox"/> Fund Raiser	Purpose: <u>tickets-ck#1112</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/04/2012	138.86
Expenditure # 2 Name: Bay Co Right to Life Address: 314 S Jackson Bay City MI 48708 <input type="checkbox"/> Fund Raiser	Purpose: <u>tickets-ck#1113</u> Expenditure Code <u>TP</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/08/2012	350.00
Expenditure # 3 Name: Bay County Republican Party Address: Center Avenue Bay City MI 48708 <input type="checkbox"/> Fund Raiser	Purpose: <u>tickets-ck#1114</u> Expenditure Code <u>TP</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/12/2012	360.00
Expenditure # 4 Name: U.S. Postal Service Address: Washington Avenue Bay City MI 48708 <input type="checkbox"/> Fund Raiser	Purpose: <u>mailing-ck#1115</u> Expenditure Code <u>MA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/03/2012	556.37
Expenditure # 5 Name: Reimold Printing Corporation Address: 3201 Hallmark Court Saginaw MI 48603 <input type="checkbox"/> Fund Raiser	Purpose: <u>Lit. Piece-ck#1116</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/04/2012	615.63

Subtotal this page

2020.86

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 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 # 6 Name: Reimold Printing Corporation Address: 3201 Hallmark Court Saginaw MI 48603 <input type="checkbox"/> Fund Raiser	Purpose: <u>mailing-ck#1117</u> Expenditure Code <u>MA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/17/2012	238.38

Subtotal this page

238.38

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

2259.24

Enter this total
on line 8a of
Summary Page