



**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 1/1/15 to 7/20/15

1. Committee I.D. Number  
150 470

2. Committee Name  
COMMITTEE TO ELECT DAVID COZAD

4. Candidate Last Name COZAD First Name DAVID M.I. C.

4a. Office Sought Including District # or Community Served (If applicable)

4b. County of Residence BAY

5. Committee's Mailing Address  
2037 BRIAR DR. BAY CITY, MI 48706

Area Code and Phone (989)684-7947

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  
KATHY J. COZAD 2037 BRIAR DR. BAY CITY, MI 48706

Area Code & Phone (989)684-7947

7. Treasurer's Business Address  
2037 BRIAR DR. BAY CITY, MI 48706

Area Code and Phone (989)684-7947

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  
 Special  
 School  
 Caucus

Date of Election, Convention or Caucus \_\_\_\_\_

Required ONLY if candidate is not on the ballot for the current year:

July Quarterly  
 October Quarterly

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.  By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven and no longer collectible from the committee. The committee has no outstanding assets, owes no lates fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution \_\_\_\_\_

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of the 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 KATHY COZAD Type or Print Name

Kathy Cozad Signature

18TH JUDICIAL CIRCUIT COURT Date 7/22/15

Candidate DAVID C. COZAD Type or Print Name

David Cozad Signature

7/22/15 Date



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150 470  
2. Committee Name COMMITTEE TO ELECT DAVID COZAD

Enter contributor's name and address. If contribution is from an individual, 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 regardless of amount.	8. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____ Name & Address:  <div style="text-align: center; font-size: 2em; font-family: cursive;">NONE</div>	\$ _____	\$ _____
6. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
<a href="#">Click Here for Memo Itemization</a>		
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____ Name & Address:  	\$ _____	\$ _____
6. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
<a href="#">Click Here for Memo Itemization</a>		
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____ Name & Address:  	\$ _____	\$ _____
6. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
<a href="#">Click Here for Memo Itemization</a>		
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____ Name & Address:  	\$ _____	\$ _____
6. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
<a href="#">Click Here for Memo Itemization</a>		

Page Subtotal

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

0

Enter this total on  
line 3e of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

1. Committee I. D. Number 150 470  
2. Committee Name COMMITTEE TO ELECT DAVID COZAD

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 Address <input type="checkbox"/> Fund Raiser	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		

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

0  
0

Enter this total on line 8a of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



**DEBTS AND OBLIGATIONS  
SCHEDULE 1E  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150 470  
2. Committee Name COMMITTEE TO ELECT DAVID COZAD

This Schedule itemizes:

a  Debts and obligations owed by or forgiven to the committee OR b  Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (item 6 minus item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by:  DAVID C. COZAD 2037 BRIAR DR. BAY CITY, MICHIGAN 48706	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>6/11/08</u> 6. Original Amount of Debt: <u>\$ 900.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ <u>0</u>	\$ <u>900.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by:  DAVID C. COZAD 2037 BRIAR DR. BAY CITY, MICHIGAN 48706	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>6/19/08</u> 6. Original Amount of Debt: <u>\$ 500.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ <u>0</u>	\$ <u>500.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:  DAVID C. COZAD 2037 BRIAR DR. BAY CITY, MICHIGAN 48706	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>7/25/08</u> 6. Original Amount of Debt: <u>\$ 500.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ <u>0</u>	\$ <u>500.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt) 1,900.00

Grand Total of all Schedules 1E 1,900.00  
(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



1. Committee I.D. Number 150 470

2. Committee Name COMMITTEE TO ELECT DAVID COZAD

**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>Ø</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ _____	(18.) \$ <u>Ø</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>Ø</u>	(20.) \$ <u>Ø</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>		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>Ø</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>Ø</u>	(23.) \$ <u>Ø</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)</b>		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ _____
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>1,900.00</u>	
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>5.85</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>Ø</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>5.85</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>Ø</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>5.85</u>	