



**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.

| | | | |
|---|--|---|--|
| 1. Committee I.D. Number <u>150711</u> | | 3. This Statement covers: from <u>7/24/2015</u> to <u>8/24/2015</u> | |
| 2. Committee Name <u>Team David Terrasi</u> | | 4. Candidate Last Name <u>Terrasi</u> First Name <u>David</u> M.I. <u>M.</u> | |
| 5. Committee's Mailing Address <u>David Terrasi</u> <u>317 Green Ave</u> <u>Bay City, MI</u> <u>48708</u> Area Code and Phone <u>989-316-2353</u> <small>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.</small> | | 4a. Office Sought Including District # or Community Served (if applicable) <u>2nd ward city Commissioner</u> | |
| 7. Treasurer's Business Address <u>David Terrasi</u> <u>317 Green Ave</u> <u>Bay City, MI</u> <u>48708</u> Area Code and Phone <u>989-316-2353</u> | | 4b. County of Residence <u>Bay</u> | |
| 9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus Date of Election, Convention or Caucus _____ | | 6. Treasurer's Name & Residential Address <u>David Terrasi</u> <u>317 Green Ave</u> <u>Bay City, MI</u> <u>48708</u> Area Code & Phone <u>989-316-2353</u> | |
| Required ONLY if candidate is not on the ballot for the current year: <input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly 9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year 9d. <input checked="" type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.) <u>#2</u> | | 8. Designated Record Keeper's Name and Mailing Address (if the committee has a Designated Record Keeper) <u>David Terrasi</u> <u>317 Green Ave</u> <u>Bay City, MI</u> <u>48708</u> Area Code and Phone <u>989-316-2353</u> | |
| | | 9e. Dissolution of Candidate Committee <input type="checkbox"/> 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 late 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 BY <u>2015 OCT 21 P 3:25</u> <u>CYNTHIA A. LUCZAK</u> BAY COUNTY CLERK 18TH JUDICIAL CIRCUIT COURT Note: The disposition of individual 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 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 David Terrasi Signature [Signature] Date 09/03/2015
 Type or Print Name Signature Date

Candidate David Terrasi Signature [Signature] Date 09/03/2015
 Type or Print Name Signature Date



1. Committee I.D. Number 150711
2. Committee Name Team David Terrasi

**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>385.00</u> | |
| b. Unitemized (less than \$20.01 each - no Schedule) | (3b.) \$ <u>NOT APPLICABLE</u> | |
| c. Subtotal of "Contributions" | (3c.) \$ <u>385.00</u> | (18.) \$ <u>2,255.00</u> |
| 4. Other Receipts (Schedule 1A -1, Column 6) | (4.) \$ _____ | (19.) \$ _____ |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) | (5.) \$ <u>385.00</u> | (20.) \$ <u>2,255.00</u> |
| IN-KIND CONTRIBUTIONS & EXPENDITURES | | |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7) | (6.) \$ <u>0</u> | (21.) \$ <u>306.03</u> |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6) | (7.) \$ _____ | (22.) \$ _____ |
| EXPENDITURES | | |
| 8. Expenditures | | |
| a. Itemized (Schedule 1B, Column 6) | (8a.) \$ <u>359.71</u> | (23.) \$ <u>2,161.91</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>359.71</u> | |
| INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) | | |
| 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.) \$ _____ |
| DEBTS AND OBLIGATIONS | | |
| 12. Debts and Obligations | | |
| a. Owed by the Committee (Schedule 1E) | (12a.) \$ <u>0</u> | |
| b. Owed to the Committee (Schedule 1E) | (12b.) \$ _____ | |
| BALANCE STATEMENT | | |
| 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) | (13.) \$ <u>68.80</u> | |
| 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) | (14.) + \$ <u>385.00</u> | |
| 15. SUBTOTAL Add lines 13 and 14 | (15.) = \$ <u>453.80</u> | |
| 16. Amount expended during reporting period (Add lines 9 and 11) | (16.) - \$ <u>359.71</u> | |
| 17. ENDING BALANCE (Subtract line 16 from line 15) | (17.) \$ <u>94.09</u> | |



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 150711
2. Committee Name Team David Torres

| 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 all contributions regardless of amount. | | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--|---|---------------------------------|---|
| 3. Contribution # 1 Name & Address: <u>Roma, Leo</u> <u>3575 Christy Way</u> <u>Saginaw, MI 48603</u> | PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/08/2015</u> | <u>\$25.00</u> | <u>\$50.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ | | Click Here for Memo Itemization | |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | | |
| 3. Contribution #2 Name & Address: <u>Redmond, Bob</u> <u>201 N. Mountain</u> <u>Box City, MI 48706</u> | PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/09/2015</u> | <u>\$100.00</u> | <u>\$100.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ | | Click Here for Memo Itemization | |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | | |
| 3. Contribution #3 Name & Address: <u>Hawland, Walter L</u> <u>2316 Gysin Ct.</u> <u>Box City, MI 48708</u> | PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8/17/2015</u> | <u>\$35.00</u> | <u>\$35.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ | | Click Here for Memo Itemization | |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | | |
| 3. Contribution #4 Name & Address: <u>Elder, Brian K.</u> <u>PO Box 66</u> <u>Box City, MI 48707</u> | PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8/14/2015</u> | <u>50.00</u> | <u>50.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ | | Click Here for Memo Itemization | |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | | |

Page Subtotal 210.00
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 150711

2. Committee Name Team David Ferrasi

| 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 all contributions regardless of amount. | | | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--|---|-------------------------------------|---------------------------------|---|
| 3. Contribution #1 Name & Address: | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>8/24/2015</u> | | |
| <u>Christoff Sandberg Marlene</u> <u>609 W Trumbull</u> <u>MAY CITY, MI 48108</u> | | | \$ <u>25.00</u> | \$ <u>25.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ | | | Click Here for Memo Itemization | |
| Business Address _____ | | | | |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | | | |
| 3. Contribution #2 Name & Address: | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>8/1/2015</u> | | |
| <u>Arnold Frank</u> <u>100 Box 800</u> <u>Munroe, MI 48161</u> | | | \$ <u>100.00</u> | \$ <u>100.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ | | | Click Here for Memo Itemization | |
| Business Address _____ | | | | |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | | | |
| 3. Contribution #3 Name & Address: | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>7/28/2015</u> | | |
| <u>Niedzinski, Andrew</u> <u>1911 15th St</u> <u>MAY CITY, MI 48108</u> | | | \$ <u>50.00</u> | \$ <u>50.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ | | | Click Here for Memo Itemization | |
| Business Address _____ | | | | |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | | | |
| 3. Contribution #4 Name & Address: | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt _____ | | |
| _____ | | | \$ _____ | \$ _____ |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ | | | Click Here for Memo Itemization | |
| Business Address _____ | | | | |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | | | |

Page Subtotal

275.00

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

385.00

Enter this total on
line 3a of Summary
Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150711
2. Committee Name Team David Terrasi

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
|---|--|---------------------------|----------------|
| Expenditure #1 Name <u>Staples</u> Address <u>401 N. Euclid</u> <u>Bay City, MI</u> <u>48706</u> <input checked="" type="checkbox"/> Fund Raiser | Purpose: <u>Letters Fundraiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>7/28/15</u> Date | <u>\$23.95</u> |
| Expenditure #2 Name <u>US Post office</u> Address <u>1000 Washington Ave</u> <u>Bay City MI</u> <u>48708</u> <input checked="" type="checkbox"/> Fund Raiser | Purpose: <u>Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>08/04/2015</u> Date | <u>\$13.50</u> |
| Expenditure #3 Name <u>Dollar Tree</u> Address <u>2624 Center Ave</u> <u>Bay City, MI</u> <u>48708</u> <input checked="" type="checkbox"/> Fund Raiser | Purpose: <u>Thank you cards Envelopes Fundraiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>8/3/2015</u> Date | <u>\$8.30</u> |
| Expenditure #4 Name <u>Staples</u> Address <u>401 N Euclid</u> <u>Bay City, MI</u> <u>48706</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Copies of Campaign Forms</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>8/18/2015</u> Date | <u>\$7.66</u> |
| Expenditure #5 Name <u>Aldi</u> Address <u>4101 N Euclid</u> <u>Bay City, MI</u> <input checked="" type="checkbox"/> Fund Raiser | Purpose: <u>Beverage Fundraiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>7/24/2015</u> Date | <u>\$49.30</u> |

Subtotal this page 759.71

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 150711
2. Committee Name TEAM David Terraji

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
|--|---|------------------------|----------------------------|
| Expenditure #1 Name <u>David Terraji</u> Address <u>317 Green Ave</u> <u>Bay City, MI</u> <u>48708</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Debt Repayment</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>8/22/15</u> Date | <u>\$ 200.00</u> Amount |
| Expenditure #2 Name _____ Address _____ <input type="checkbox"/> Fund Raiser | Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | _____ Date | \$ _____ Amount |
| Expenditure #3 Name _____ Address _____ <input type="checkbox"/> Fund Raiser | Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | _____ Date | \$ _____ Amount |
| Expenditure #4 Name _____ Address _____ <input type="checkbox"/> Fund Raiser | Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | _____ Date | \$ _____ Amount |
| Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser | Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | _____ Date | \$ _____ Amount |

Subtotal this page

200.00

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

359.71

Enter this total
on line 8a of
Summary Page



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

1. Committee I.D. Number 150711
2. Committee Name Team David Terrasi

This Schedule itemizes:

a Debts and obligations owed by or forgiven 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: <u>David Terrasi</u> <u>317 Green Ave</u> <u>Boy City, MI</u> <u>48708</u> | 4. Type: <u>Loan</u> 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: <u>\$200.00</u> | <u>8/22/15 \$200</u> \$ _____ \$ _____ \$ _____ \$ _____ | \$ <u>200.00</u> | \$ <u>0</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: | 4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: \$ _____ | \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ | \$ _____ | \$ _____ <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: | 4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: \$ _____ | \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ | \$ _____ | \$ _____ <input type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____ | | | | |

Page Subtotal (Outstanding debt)

0.00

Grand Total of all Schedules 1E

0.00

(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.