



**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 <u>7/24/2015</u> to <u>8/24/2015</u>	
1. Committee I.D. Number <u>150711</u>	4. Candidate Last Name <u>Terras</u> First Name <u>David</u> M.I. <u>M.</u>
2. Committee Name <u>Team David Terras</u>	4a. Office Sought Including District # or Community Served (If applicable), <u>2nd ward city Commissioner</u>
5. Committee's Mailing Address <u>David Terras</u> <u>317 Green Ave</u> <u>Bay City, MI</u> <u>48708</u>	4b. County of Residence <u>Bay</u>
Area Code and Phone <u>989-316-2353</u> 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 <u>David Terras</u> <u>317 Green Ave</u> <u>Bay City, MI</u> <u>48708</u>
7. Treasurer's Business Address <u>David Terras</u> <u>317 Green Ave</u> <u>Bay City, MI</u> <u>48708</u>	Area Code & Phone <u>989-316-2353</u>
Area Code and Phone <u>989-316-2353</u>	8. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper) <u>David Terras</u> <u>317 Green Ave</u> <u>Bay City, MI</u> <u>48708</u>
Area Code and Phone <u>989-316-2353</u>	Area Code and Phone <u>989-316-2353</u>

9. TYPE OF STATEMENT		9e. Dissolution of Candidate Committee	
9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election	Required ONLY if candidate is not on the ballot for the current year:	<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.	
Pre-Election or Post-Election Statement relates to:	<input type="checkbox"/> July Quarterly	Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.	
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> October Quarterly	Effective date of dissolution	
<input type="checkbox"/> General	9c. <input type="checkbox"/> Annual Statement ( ) Coverage Year	_____	
<input type="checkbox"/> Convention	9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)	Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
<input type="checkbox"/> Special			
<input type="checkbox"/> School			
<input type="checkbox"/> Caucus			
Date of Election <u>2015 SP - 3 P 3:32</u>			

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 <u>David Terras</u>	<u>[Signature]</u>	Date <u>09/03/2015</u>
Type or Print Name	Signature	Date
Candidate <u>David Terras</u>	<u>[Signature]</u>	Date <u>09/03/2015</u>
Type or Print Name	Signature	Date



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

**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>385.00</u>	(18.) \$ _____
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	(19.) \$ _____
c. Subtotal of "Contributions"	(3c.) \$ <u>385.00</u>	(20.) \$ _____
<b>4. Other Receipts (Schedule 1A -1, Column 6)</b>	(4.) \$ _____	(21.) \$ _____
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>385.00</u>	(22.) \$ _____
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
<b>6. In-Kind Contributions (Schedule 1-IK, Column 7)</b>	(6.) \$ _____	(23.) \$ _____
<b>7. In-Kind Expenditures (Schedule 1B-IK, Column 6)</b>	(7.) \$ _____	(24.) \$ _____
<b>EXPENDITURES</b>		
<b>8. Expenditures</b>		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>259.68</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 (Add Line 8a + Line 8b + Line 8c)</b>	(9.) \$ <u>259.61</u>	(23.) \$ _____
<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.) \$ <u>200.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
<b>BALANCE STATEMENT</b>		
<b>13. Ending Balance of last report filed</b> (Enter zero if no previous reports have been filed.)	(13.) \$ <u>142.80</u>	
<b>14. Amount received during reporting period</b> (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>385.00</u>	
<b>15. SUBTOTAL Add lines 13 and 14</b>	(15.) = \$ <u>527.80</u>	
<b>16. Amount expended during reporting period</b> (Add lines 9 and 11)	(16.) - \$ <u>459.61</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>68.19</u>	



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

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

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.

3. Contribution #1 PAC Receipt?  YES 4. Date of Receipt 08/08/2015

Name & Address: Roma, Lea  
3545 Christy Way  
Saginaw, MI 48603

6. Amount \$25.00 \$25.00

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #2 PAC Receipt?  YES 4. Date of Receipt 08/09/2015

Name & Address: Redmond, Bob  
201 N. Mountain  
Box City, MI 48706

6. Amount \$100.00 \$100.00

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #3 PAC Receipt?  YES 4. Date of Receipt 8/17/2015

Name & Address: Howland, Walter L  
2316 Gxsin Ct.  
Box City, MI 48708

6. Amount \$35.00 \$35.00

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #4 PAC Receipt?  YES 4. Date of Receipt 8/14/2015

Name & Address: Eldee, Brian K.  
P.O. Box 66  
Box City, MI 48707

6. Amount \$50.00 \$50.00

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  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 PERLASI

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.		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 Sundberg 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 _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 Name & Address:	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8/1/2015</u> <u>Anna Frank</u> <u>100 Box 802</u> <u>Munroe, MI</u>	\$ <u>100.00</u>	\$ <u>100.00</u>
5. 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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
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 _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
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 _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

175.00

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>	<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>148708</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u>	<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>	<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 Comparison Forms</u>	<u>8/18/2015</u> Date	<u>\$4.66</u>
Expenditure #5 Name <u>Aldi</u> Address <u>4401 N Euclid</u> <u>Bay City, MI</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Beverage Fundraiser</u>	<u>7/24/2015</u> Date	<u>\$49.30</u>

Subtotal this page 259.61

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 TERRAZI

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>David Terrazi</u> Address <u>317 Green Ave</u> <u>Port Ctx, 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> \$
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	\$ _____
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	\$ _____
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	\$ _____
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	\$ _____

Subtotal this page

2500.00

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

459,61

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:  David Terrasi 317 Green Arc Boy City, MI 48708	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u>  6. <u>Original Amount of Debt:</u> \$ <u>200.00</u>	<u>8/22/15</u> \$ <u>200</u> _____ _____ _____ _____	   200.00 \$ _____	   \$ <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. <u>Date Debt Was Incurred:</u>  6. <u>Original Amount of Debt:</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:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u>  6. <u>Original Amount of Debt:</u> \$ _____	_____ _____ _____ _____ _____	\$ _____	\$ _____  <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.