



**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: ²¹⁰ 8/25/15 to 10/18/15

1. Committee I.D. Number 150290
2. Committee Name The Comm to Elect John F Davidson

4. Candidate Last Name Davidson First Name John M.I. F
4a. Office Sought Including District # or Community Served (If applicable) 6th Ward City Commissioner
4b. County of Residence Bay

5. Committee's Mailing Address 1218 Marsac St Bay City MI 48708
Area Code and Phone 989-225-4858
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 Denise M. Davidson 1218 Marsac St Bay City MI 48708
Area Code & Phone 989-450-3366

7. Treasurer's Business Address n/a
Area Code and Phone _____

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) n/a
Area Code and Phone _____

FILED CO CLERK
18TH JUDICIAL
CIRCUIT COURT
OCT 19 A 10:10
BAY COUNTY CLERK
CYNTHIA A. LUCZAK

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 11/3/15

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. Dissolution of Candidate Committee
 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 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 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 Denise M Davidson, Denise M David Date 10-19-15
Candidate John F Davidson Date 10-19-15



1. Committee I.D. Number 156290

2. Committee Name The Comm to Elect Jln F Davidson

**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>1,175.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>1,175.00</u>	(18.) \$ <u>2,345.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>Ø</u>	(19.) \$ <u>Ø</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>1,175.00</u>	(20.) \$ <u>2,345.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>Ø</u>	(21.) \$ <u>Ø</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>Ø</u>	(22.) \$ <u>Ø</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>618.29</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>Ø</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>Ø</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>618.29</u>	(23.) \$ <u>1,488.43</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>Ø</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>Ø</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>Ø</u>	(24.) \$ <u>Ø</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>700.00</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>299.86</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>1,175.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>1,474.86</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>618.29</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>856.57</u>	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150290
2. Committee Name The Comm to Elect John F. Davidson

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: <u>Linda S Holder-Benecker</u> <u>3706 Swede Avenue</u> <u>Midland, MI 48642</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>8-25-15</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		\$ <u>75.00</u>	\$ <u>75.00</u>
Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2 Name & Address: <u>Int'l Assoc of Sheet Metal,</u> <u>Air, Rail, and Transportation Workers</u> <u>Local 7, 4931 Conter Dr, Lansing, MI 48910</u>	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>9-28-15</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>Sheet Metal & Transportation workers</u> Employer <u>Political Action Comm.</u>		\$ <u>500.00</u>	\$ <u>500.00</u>
Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 Name & Address: <u>John Davidson</u> <u>1218 Marsoc St</u> <u>Bay City MI 48708</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>9/16/15</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>retired</u>		\$ <u>300.00</u>	\$ <u>700.00</u>
Business Address <u>1218 Marsoc St, Bay City MI 48708</u>		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 Name & Address: <u>UAW Michigan V-PAC</u> <u>8000 E. Jefferson</u> <u>Detroit, MI 48214-3963</u>	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>10-16-15</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>UAW active & retired members</u> Employer <u>Political Action Comm.</u>		\$ <u>300.00</u>	\$ <u>300.00</u>
Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 1,175.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule) 1,175.00

Enter this total on
line 3a of Summary
Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 156290
2. Committee Name The Comm to Elect John F Davidson

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>4021 N. Euclid Ave</u> <u>Bay City MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>stamps</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/26/15</u> Date	<u>\$ 49.00</u>
Expenditure #2 Name <u>Summit Printing</u> Address <u>205 Fourth St</u> <u>Bay City MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>flyers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/9/15</u> Date	<u>\$ 196.21</u>
Expenditure #3 Name <u>Staples</u> Address <u>4021 N. Euclid Ave</u> <u>Bay City MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>stamps</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/14/15</u> Date	<u>\$ 49.00</u>
Expenditure #4 Name <u>Political Lawn Signs</u> Address <u>916 Byrd Ave</u> <u>Neenah, WI 54956</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/18/15</u> Date	<u>\$ 324.08</u>
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 618.29

Grand Total of all Schedules 1B
(Complete on last page of Schedule) 618.29

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 150290

2. Committee Name The Comm to Elect John F Davidson

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>John & Denise Davidson</u> <u>1218 Marsee St</u> <u>Bay City MI 48708</u>	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>9/16/15</u> 6. <u>Original Amount of Debt:</u> <u>\$ 300.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ <u>0</u>	\$ <u>700.00</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:	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) 700.00

Grand Total of all Schedules 1E 700.00
(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.