



**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>03/07/15</u> to <u>07/20/2015</u>	
1. Committee I.D. Number <u>150711</u>	4. Candidate Last Name <u>Terras</u> First Name <u>David</u> M.I.
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>317 Green Ave Bay City, MI 48708 989-316-2353</u>	4b. County of Residence <u>Bay</u>
6. Treasurer's Name & Residential Address <u>DAVID TERRAS 317 Green Ave Bay City, MI 48708 989-316-2353</u>	6. Treasurer's Name & Residential Address <u>DAVID TERRAS 317 Green Ave Bay City, MI 48708 989-316-2353</u>
7. Treasurer's Business Address <u>David Terras 317 Green Ave Bay City, MI 48708 989-316-2353</u>	8. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper) <u>None</u> <u>DAVID Terras 317 Green Ave Bay City, MI 48708 989-316-2353</u>

9. TYPE OF STATEMENT		9e. Dissolution of Candidate Committee	
9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input 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 <u>BY 07/22/15</u>	
<input type="checkbox"/> General	9c. <input type="checkbox"/> Annual Statement ( ) Coverage Year	Note: The disposition of equal funds must be reported on Schedule 1B and the Summary Page.	
<input type="checkbox"/> Convention	9d. <input checked="" type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)	FILED TO CLERK 18TH JUDICIAL CIRCUIT COURT A. LOCCZAK JUL 22 P 2:06	
<input type="checkbox"/> Special			
<input type="checkbox"/> School			
<input type="checkbox"/> Caucus			
Date of Election, Convention or Caucus <u>08/04/2015</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 your knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record Keeper <u>DAVID TERRAS</u> Type or Print Name	<u>[Signature]</u> Signature	Date <u>07/22/15</u>
Candidate <u>DAVID TERRAS</u> Type or Print Name	<u>[Signature]</u> Signature	Date <u>07/22/15</u>



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

**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>1,870.00</u>	(18.) \$ _____
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	(19.) \$ _____
c. Subtotal of "Contributions"	(3c.) \$ _____	(20.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(21.) \$ _____
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>1,870.00</u>	(22.) \$ _____
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>306.03</u>	(21.) \$ <u>306.03</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
<b>EXPENDITURES</b>		
<b>8. Expenditures</b>		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>1802.20</u>	(23.) \$ _____
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>1802.20</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>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>1870.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>1870.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>1802.20</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u><del>77.80</del> 67.80</u>	



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

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

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 <u>Robert Gruber, Robert W.</u> <u>701 Hayes</u> <u>Bay City, MI</u> <u>48708</u>	4. Date of Receipt <u>5/20/15</u>	\$ <u>5.00</u> \$ <u>75.00</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 <u>Romo, Leo R.</u> <u>3545 Christy Way</u> <u>Saginaw, MI</u> <u>48603</u>	4. Date of Receipt <u>5/17/2015</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 # 3 Name & Address:	PAC Receipt? <input type="checkbox"/> YES <u>Buck Thomas E</u> <u>2123 Center</u> <u>Bay City, MI</u> <u>48708</u>	4. Date of Receipt <u>5-18-15</u>	\$ <u>20.00</u> \$ <u>20.00</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 <u>Tighe Karen A</u> <u>2123 Center</u> <u>Bay City, MI</u> <u>48708</u>	4. Date of Receipt <u>5-18-2015</u>	\$ <u>20.00</u> \$ <u>20.00</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			

Page Subtotal 140.00  
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

150711

1. Committee I.D. Number

2. Committee Name

Team David Terrasi

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 PAC Receipt?  YES 4. Date of Receipt 5-18-2015  
 Name & Address: Hardee Patrick T.  
3803 Wheeler  
Max City, MI 48706 200.00 \$ 200.00

5. If over \$100.00 cumulative, please provide:  
 Occupation Retail Employer Self [Click Here for Memo Itemization](#)  
 Business Address 3389 Sturton Rd Box City, MI  
48708

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #2 PAC Receipt?  YES 4. Date of Receipt 5/16/2015  
 Name & Address: Howard Walter L.  
2316 Gysin Ct.  
Box City, MI 48708 \$ 50.00 \$ 50.00

5. If over \$100.00 cumulative, please provide:  
 Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #3 PAC Receipt?  YES 4. Date of Receipt 5/21/2015  
 Name & Address: Barbier Stuart  
924 Center  
Max City, MI 48708 \$ 40.00 \$ 40.00

5. If over \$100.00 cumulative, please provide:  
 Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #4 PAC Receipt?  YES 4. Date of Receipt 5/27/2015  
 Name & Address: Starkweather Thomas L  
1113 McKinley Ave  
Max City, MI 48708 40.00 \$ 40.00

5. If over \$100.00 cumulative, please provide:  
 Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 Type of Contribution:  Direct  Loan from a person  Fund Raiser

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 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 <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>Mallak, Jeane A.</u> <u>4194 Rosewood</u> <u>Saginaw, MI 48603</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6-1-2015</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 #2 Name & Address: <u>Laporte, Barbara E</u> <u>411 Green Ave</u> <u>Bay City, MI 48708</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-29-2015</u>	<u>\$40.00</u>	<u>\$40.00</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>Welsby Eric</u> <u>4045 Cambria Dr.</u> <u>Bay City, MI 48706</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6-4-2015</u>	<u>\$20.00</u>	<u>\$20.00</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>Davis Michael G</u> <u>5502 Merry Ct.</u> <u>Spartanburg, MI 48657</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6-4-2015</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 125.00  
Grand Total of All Schedules 1A  
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ITEMIZED CONTRIBUTIONS  
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CANDIDATE COMMITTEE

1. Committee I.D. Number 150711  
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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>Bay County Young Democrats</u> <u>100 S Farragut APT 3</u> <u>Bay city, MI 48708</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/4/2015</u>	<u>\$40.00</u>	<u>\$40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		<a href="#">Click Here for Memo Itemization</a>	
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: <u>Kemmer Bruce R</u> <u>205 River Trail Dr.</u> <u>Bay city, MI 48706</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/4/2015</u>	<u>\$100.00</u>	<u>\$100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		<a href="#">Click Here for Memo Itemization</a>	
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: <u>Kawitz Donna J</u> <u>3478 Hidden Rd.</u> <u>Bay city, MI 48706</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6-4-2015</u>	<u>\$50.00</u>	<u>\$50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		<a href="#">Click Here for Memo Itemization</a>	
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: <u>Umberger Gardner T.</u> <u>2157 6th St.</u> <u>Bay city, MI 48708</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6-4-2015</u>	<u>\$35.00</u>	<u>\$35.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		<a href="#">Click Here for Memo Itemization</a>	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 225.00

Grand Total of All Schedules 1A  
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ITEMIZED CONTRIBUTIONS  
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CANDIDATE COMMITTEE

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

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>6-4-2015</u>		
Race Patrick 1004 N. Sheridan Bay City, MI 48708			\$25.00	\$25.00
5. If over \$100.00 cumulative, please provide:			Click Here for Memo Itemization	
Occupation _____ Employer _____				
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>06-04-2015</u>		
Klawon Matt G 707 Green Ave Bay City, MI 48708			\$50.00	\$50.00
5. If over \$100.00 cumulative, please provide:			Click Here for Memo Itemization	
Occupation _____ Employer _____				
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>6-4-2015</u>		
Tilley, Donald 617 Green Ave MAY CITY, MI 1 48708			\$50.00	\$50.00
5. If over \$100.00 cumulative, please provide:			Click Here for Memo Itemization	
Occupation _____ Employer _____				
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 <u>6-09-2015</u>		
Rivet Joseph 2600 Center Ave May city, MI 48708			\$25.00	\$25.00
5. If over \$100.00 cumulative, please provide:			Click Here for Memo Itemization	
Occupation _____ Employer _____				
Business Address _____				
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				

Page Subtotal

150.00

Grand Total of All Schedules 1A  
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ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

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

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>Skelton, Frances</u> <u>3038 Kindlewood Ln</u> <u>Bay City, MI 48706</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6-4-2015</u>	<u>\$100.00</u>	<u>\$100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		<a href="#">Click Here for Memo Itemization</a>	
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>Grabowski, Michael</u> <u>909 5th St</u> <u>Bay City, MI 48708</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6-4-2015</u>	<u>\$50.00</u>	<u>\$50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		<a href="#">Click Here for Memo Itemization</a>	
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>Nichols, Harry</u> <u>909 Green Ave</u> <u>Bay City, MI 48708</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6-4-2015</u>	<u>\$20.00</u>	<u>\$20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		<a href="#">Click Here for Memo Itemization</a>	
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>Cirade Terri</u> <u>409 Hill St.</u> <u>Bay City, MI 48708</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6-4-2015</u>	<u>\$20.00</u>	<u>\$20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		<a href="#">Click Here for Memo Itemization</a>	
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 140.00

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2. Committee Name Team David Terrasi

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 6-04-2015  
Name & Address: Cynada Taylor  
409 Hill St  
Bay City, MI 48708  
5. If over \$100.00 cumulative, please provide: 48708  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

6. Amount \$20.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$20.00

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt?  YES 4. Date of Receipt 6-4-2015  
Name & Address: Bob, Jon, J  
1514 Westbury  
Pavison, MI 48723  
5. If over \$100.00 cumulative, please provide: 48723  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

6. Amount \$20.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$20.00

[Click Here for Memo Itemization](#)

3. Contribution # 3 PAC Receipt?  YES 4. Date of Receipt 6-30-2015  
Name & Address: Fleming Joshua  
3330 Shore Dr.  
Bay City, MI 48706  
5. If over \$100.00 cumulative, please provide: 48706  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

6. Amount \$10.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$10.00

[Click Here for Memo Itemization](#)

3. Contribution # 4 PAC Receipt?  YES 4. Date of Receipt 06-17-2015  
Name & Address: Wackel, Crystal  
410 Green Ave  
Bay City, MI 48708  
5. If over \$100.00 cumulative, please provide: 48708  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

6. Amount \$50.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$50.00

[Click Here for Memo Itemization](#)

Page Subtotal 100.00  
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 Terrasi

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>Blecke Nathan</u> <u>312 Green Ave</u> <u>Port City, MI</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06-17-2015</u>	<u>\$75.00</u>	<u>\$75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>48708</u>		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: <u>Herek Thomas</u> <u>1606 30th St.</u> <u>Port City, MI</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06-20-2015</u>	<u>\$20.00</u>	<u>\$20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>48708</u>		Click Here for Memo Itemization	
Business Address _____			
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>Andrick Floyd</u> <u>4928 Anterest Dr.</u> <u>Midland, MI</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05-29-2015</u>	<u>\$20.00</u>	<u>\$20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>48640</u>		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4 Name & Address: <u>Laburers Local 1098</u> <u>345 East Marley Dr.</u> <u>Saginaw, MI</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/18/2015</u>	<u>\$250.00</u>	<u>\$250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Union</u> Employer <u>Laburers Local 1098</u>		Click Here for Memo Itemization	
Business Address <u>345 East Marley, Dr. Saginaw, MI 48601</u>			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 365.00  
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 Texas

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 5-9-2015

Name & Address: Bledsoe, Sherry  
179 River Trail  
Box City, MI 48700

6. Amount 2500

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) 90  
~~90~~  
93.97

5. If over \$100.00 cumulative, please provide:  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_

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

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution # 2 PAC Receipt?  YES 4. Date of Receipt 5-15-15

Name & Address: David Texas  
317 Green Ave  
Box City, MI 48708

6. Amount \$200.00

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$200.00

5. If over \$100.00 cumulative, please provide:  
Occupation School Psychologist Employer SISS

Business Address 3465 Grant Saginaw, MI

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution # 3 PAC Receipt?  YES 4. Date of Receipt \_\_\_\_\_

Name & Address: \_\_\_\_\_

6. Amount \$ \_\_\_\_\_

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

5. If over \$100.00 cumulative, please provide:  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_

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

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution # 4 PAC Receipt?  YES 4. Date of Receipt \_\_\_\_\_

Name & Address: \_\_\_\_\_

6. Amount \$ \_\_\_\_\_

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

5. If over \$100.00 cumulative, please provide:  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_

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

Type of Contribution:  Direct  Loan from a person  Fund Raiser

Page Subtotal 225.00  
Grand Total of All Schedules 1A (Complete on last page of Schedule) 1,070.00

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
<p>Expenditure #1</p> <p>Name <u>Meijer</u> Address <u>545 N Pine</u> <u>Bar City, MI</u> <u>48708</u></p> <p><input checked="" type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>Food Fundraiser</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>06/02/2015</u> Date</p>	<p><u>\$ 11.99</u></p>
<p>Expenditure #2</p> <p>Name <u>Meijer</u> Address <u>545 N. Pine</u> <u>Bar City, MI</u> <u>48708</u></p> <p><input checked="" type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>Food</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>06/11/2015</u> Date</p>	<p><u>\$ 23.15</u></p>
<p>Expenditure #3</p> <p>Name <u>Jack's Fruit Meat Market</u> Address <u>1511 Center Ave</u> <u>Essexville, MI</u> <u>48732</u></p> <p><input checked="" type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>Food</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>06/01/2015</u> Date</p>	<p><u>\$ 3.95</u></p>
<p>Expenditure #4</p> <p>Name <u>Gordon Food Services</u> Address <u>3730 Wilder Rd</u> <u>Bar City, MI</u> <u>48706</u></p> <p><input checked="" type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>Food</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>05/31/2015</u> Date</p>	<p><u>\$ 46.50</u></p>
<p>Expenditure #5</p> <p>Name <u>Meijer</u> Address <u>545 N. Pine Rd.</u> <u>Bar City, MI</u> <u>48708</u></p> <p><input checked="" type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>Address Labels</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>05/15/2015</u> Date</p>	<p><u>\$ 24.24</u></p>

Subtotal this page 109.83  
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 TERRASI

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
<p>Expenditure #1</p> <p>Name <u>7-Eleven</u></p> <p>Address <u>1500 Columbus</u> <u>Mar City, MI</u> <u>48708</u></p> <p><input checked="" type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>Ice</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>06/04/2015</u></p> <p>Date</p> <p>Click Here for Memo Itemization Type</p>	<p><u>\$ 4.38</u></p>
<p>Expenditure #2</p> <p>Name <u>Dollar Tree Stores Inc.</u></p> <p>Address <u>2624 Center Ave</u> <u>Bay City, MI</u> <u>48708</u></p> <p><input checked="" type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>Thank You (Arts)</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>06/12/2015</u></p> <p>Date</p> <p>Click Here for Memo Itemization Type</p>	<p><u>\$ 3.18</u></p>
<p>Expenditure #3</p> <p>Name <u>Sawacki &amp; Sons</u></p> <p>Address <u>1521 W Lafayette</u> <u>Detroit, MI</u> <u>48216</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>Yard Signs</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>06/28/2015</u></p> <p>Date</p> <p>Click Here for Memo Itemization Type</p>	<p><u>\$ 810.90</u></p>
<p>Expenditure #4</p> <p>Name <u>Reimold Printing</u></p> <p>Address <u>5171 Blackbeak Dr.</u> <u>Saginaw, MI</u> <u>48604</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>Door CARDS</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>06/17/2015</u></p> <p>Date</p> <p>Click Here for Memo Itemization Type</p>	<p><u>\$ 429.54</u></p>
<p>Expenditure #5</p> <p>Name <u>Meijer</u></p> <p>Address <u>545 N. Pine Rd</u> <u>Bay City, MI</u> <u>48708</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>water for Door Knocking</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>06/15/2015</u></p> <p>Date</p> <p>Click Here for Memo Itemization Type</p>	<p><u>\$ 2.94</u></p>

Subtotal this page 1,250.94

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 Terrasi

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Meijer</u> Address <u>595 N Pine Rd Bay City, MI 48708</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Food/Beverage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/29/2015</u> Date	<u>\$29.57</u>
Expenditure #2 Name <u>Dollar Tree</u> Address <u>2024 Center Ave Bay City, MI 48708</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Food containers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/01/2015</u> Date	<u>\$4.24</u>
Expenditure #3 Name <u>Bay City Democrat Party</u> Address <u>704 9th St. Bay City, MI 48708</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Tickets/Events</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/15/2015</u> Date	<u>\$50.88</u>
Expenditure #4 Name <u>Walgreens</u> Address <u>2901 Center Ave Essexville, MI 48732</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Beverage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/25/2015</u> Date	<u>\$15.89</u>
Expenditure #5 Name <u>Walgreens</u> Address <u>2901 Center Ave Essexville, MI 48732</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Stamps/Thank cards</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/13/2015</u> Date	<u>\$9.80</u>

Subtotal this page 110.38

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

110.38

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 TERRASI

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Home Depot</u> Address <u>3860 State St</u> <u>Bay City, MI</u> <u>48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Paint &amp; Large wood signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/03/2015</u>	<u>\$57.34</u>
Expenditure #2 Name <u>Dollar Tree</u> Address <u>2624 Center Ave</u> <u>Bay City, MI</u> <u>48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Envelopes</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/15/2015</u>	<u>\$8.48</u>
Expenditure #3 Name <u>Meijer</u> Address <u>545 Pine</u> <u>Bay City, MI</u> <u>48708</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Food</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/16/2015</u>	<u>\$12.85</u>
Expenditure #4 Name <u>Meijer</u> Address <u>545 Pine</u> <u>Bay City, MI</u> <u>48708</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Food</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/04/2015</u>	<u>\$29.86</u>
Expenditure #5 Name <u>Meijer</u> Address <u>545 Pine</u> <u>Bay City, MI</u> <u>48708</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Food/Beverage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/02/2015</u>	<u>\$47.47</u>

Subtotal this page 156.00

Grand Total of all Schedules 1B  
(Complete on last page of Schedule) 1,627.20

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 Terrasi

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Address <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Cost of Renting Buildings</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/4/15</u> Date	<u>\$ 175.00</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 175.00

Grand Total of all Schedules 1B  
(Complete on last page of Schedule) 1807.20

Enter this total on line 8a of Summary Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

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

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
--	--	--------------------------------	---

Contribution # 1 PAC Receipt?  Yes  
Name & Address: Jacqueline Terrasi  
1709 Lavender  
Monroe, MI 48161

4.  Endorsement or Guarantee of Bank Loan  
 Goods Donated or Loaned  Services Donated  
 Goods or Services Purchased by Candidate or Others  
 Goods or Services Purchased by Candidate or Others- LOAN

7. Amount or Fair Market Value: \$156.09    8. Cumulative: \$156.09

If over \$100.00 cumulative, please provide:  
Occupation: Retired Homemaker  
Employer Name & Business Address: \_\_\_\_\_

Description: Campaign T-shirts (15 TOTAL)  
5. Date Of Receipt: 06-19-2015  
6. Vendor Name & Address:  
Shirts Mugs & More  
2728 Center Ave  
Essexville, MI 48732

Fund Raiser Contribution

Click Here for Memo Itemization

Contribution # 2 PAC Receipt?  Yes  
Name & Address: Sherry Bledsoe  
179 River Trail  
Max City, MI 48706

4.  Endorsement or Guarantee of Bank Loan  
 Goods Donated or Loaned  Services Donated  
 Goods or Services Purchased by Candidate or Others  
 Goods or Services Purchased by Candidate or Others- LOAN

7. Amount or Fair Market Value: \$74.97    8. Cumulative: \$74.97

If over \$100.00 cumulative, please provide:  
Occupation: Retired  
Employer Name & Address: \_\_\_\_\_

Description: Postage STAMPS (153 TOTAL)  
5. Date Of Receipt: 05-09-15  
6. Vendor Name & Address:  
U.S. Post office  
1000 Washington Ave  
Max City, MI 48708

Fund Raiser Contribution

Click Here for Memo Itemization

Contribution #3 PAC Receipt?  Yes  
Name & Address: \_\_\_\_\_

4.  Endorsement or Guarantee of Bank Loan  
 Goods Donated or Loaned  Services Donated  
 Goods or Services Purchased by Candidate or Others  
 Goods or Services Purchased by Candidate or Others- LOAN

7. Amount or Fair Market Value: \$ \_\_\_\_\_    8. Cumulative: \$ \_\_\_\_\_

If over \$100.00 cumulative, please provide:  
Occupation: \_\_\_\_\_  
Employer Name & Address: \_\_\_\_\_

Description: \_\_\_\_\_  
5. Date Of Receipt: \_\_\_\_\_  
6. Vendor Name & Address: \_\_\_\_\_

Fund Raiser Contribution

Click Here for Memo Itemization

Page Subtotal

306.03    306.03  
221.06

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

306.03

Enter this total  
on line 6 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 endorser 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 M. Terrasi 317 Green Ave Baq City, MI 48708	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>05/15/2015</u> 6. <u>Original Amount of Debt:</u> <u>\$ 200.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>200.00</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) 200.00

Grand Total of all Schedules 1E 200.00  
(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.



**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150711  
2. Committee Name TEAM DAVID TERRASI

**- USE A SEPARATE SHEET FOR EACH EVENT -**

3. Date Event Was Held <u>06-07-2015</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>26</u>	5. Type of Fund Raising Activity <u>DINNER</u>	6. Address and Name (if any) of the place where the activity was held. <u>Uptown Grill</u> <u>3 E Main St</u> <u>DAY CITY, MI</u> <input type="checkbox"/> Private Residence
---	---	---	--

7. Total Contributions \$ 1,795.00 48708  
8. Other Receipts 0.00  
9. Gross Receipts (Add lines 7 and 8) \$ 1,795.00  
10. Total Cost of Event \$ 567.92  
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11.  Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-1K), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.