



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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: 11/1/10 To: 12/31/10
Mo Day Year Mo Day Year

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 Driver License # (Optional)

5. Committee's Mailing Address
2037 BRIAR DR. BAYCITY, 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. BAYCITY, MI 48706
Area Code & Phone (989) 684-7947
Driver License # (Optional)

7. Treasurer's Business Address
2037 BRIAR DR. BAYCITY, 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 () Driver License # (Optional)

FILED CO. CLERK
18TH JUDICIAL CIRCUIT
JAN 19 1 42 PM '11
BAY COUNTY

9. TYPE OF STATEMENT

9a. Pre-Election OR 9b. Post-Election

Pre-Election or Post-Election Statement relates to:

Primary General
 Convention School
 Special Caucus

Date of Election, Convention or Caucus
Month Day Year

9c. Annual Statement (2010 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
Effective Date of Dissolution
Month Day Year

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

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: Kathy J. Cozad Signature: Kathy J. Cozad Date: 1/19/11
Type or Print Name Signature Mo Day Year

Candidate: DAVID C. COZAD Signature: David Cozad Date: 1/19/11
Type or Print Name Signature Mo Day Year

Authority granted under P.A. 388 of 1976

1/5

X



1. Committee I.D. Number 150 470

2. Committee Name COMMITTEE TO ELECT DAVID COZA

**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>	(18.) \$ <u>Ø</u>
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	(19.) \$ _____
c. Subtotal of "Contributions"	(3c.) \$ _____	(20.) \$ <u>Ø</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(21.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>Ø</u>	(22.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ _____	(23.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(24.) \$ _____
EXPENDITURES		
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>
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>1,900.00</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>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>	



**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.	6. 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> 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		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: _____ 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		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: _____ 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		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: _____ 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

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

0

Enter this total on
line 3a of Summary
Page.



**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		

NONE

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 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 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.