



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 10/19/2015 to 11/10/2015

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

4. Candidate Last Name Terrasi First Name David M.I. M.
4a. Office Sought Including District # or Community Served (If applicable) 2nd WARD City Commissioner
4b. County of Residence Way

5. Committee's Mailing Address
DAVID TERRASI
317 Green Ave
Bay City MI 48708
Area Code and Phone 989-316-2353
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
DAVID TERRASI
317 Green Ave
Bay City, MI 48708
Area Code & Phone 989-316-2353

7. Treasurer's Business Address
DAVID TERRASI
317 Green Ave
Bay City, MI 48708
Area Code and Phone 989-316-2353

8. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)
DAVID TERRASI
317 Green Ave
Bay City, MI 48708
Area Code and Phone 989-316-2353

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
11/3/2015

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 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 2015 NOV 10 P 4:31
Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.
FILED CO CLERK
18TH JUDICIAL
CIRCUIT COURT
BAY COUNTY CLERK
SYNTHIA A. LUCZAK

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 11-10-15
Candidate DAVID TERRASI Signature [Signature] Date 11-10-15



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>125.00</u> | |
| b. Unitemized (less than \$20.01 each - no Schedule) | (3b.) \$ <u>NOT APPLICABLE</u> | |
| c. Subtotal of "Contributions" | (3c.) \$ <u>125.00</u> | (18.) \$ <u>4,780.00</u> |
| 4. Other Receipts (Schedule 1A -1, Column 6) | (4.) \$ _____ | (19.) \$ _____ |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) | (5.) \$ <u>125.00</u> | (20.) \$ <u>4,780.00</u> |
| IN-KIND CONTRIBUTIONS & EXPENDITURES | | |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7) | (6.) \$ _____ | (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>344.64</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>344.64</u> | (23.) \$ <u>4,753.27</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.) \$ _____ | |
| 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>247.37</u> | |
| 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) | (14.) + \$ <u>125.00</u> | |
| 15. SUBTOTAL Add lines 13 and 14 | (15.) = \$ <u>372.37</u> | |
| 16. Amount expended during reporting period (Add lines 9 and 11) | (16.) - \$ <u>344.64</u> | |
| 17. ENDING BALANCE (Subtract line 16 from line 15) | (17.) \$ <u>27.73</u> | |



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 <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>Harry P. Gill</u> <u>3030 West RiverView Dr.</u> <u>Boy City, MI 48706</u> | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/19/2015</u> | |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ | | <u>\$50.00</u> | <u>\$50.00</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>Jan Miner</u> <u>304 W Hampton</u> <u>Essexville MI</u> | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/27/2015</u> | |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ | | <u>\$50.00</u> | <u>\$50.00</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 C. Keuveleer</u> <u>1701 Burton Ave</u> <u>Essexville, MI</u> | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10-31-2015</u> | |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ | | <u>\$25.00</u> | <u>\$25.00</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 #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 _____ | | 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 105.00
Grand Total of All Schedules 1A (Complete on last page of Schedule) 125.00

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 TERROSI

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
|---|--|---------------------------|-----------------|
| Expenditure #1 Name <u>Yonkee Candle</u> Address <u>1787 Fashion Sq.</u> <u>Saginaw, MI</u> <u>48604</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Election Night</u> <u>Gathering</u> <u>Table decor</u> | <u>11/01/2015</u> Date | <u>\$ 59.34</u> |
| Expenditure #2 Name <u>McCormick's</u> Address <u>Country Store</u> <u>2779 S M-13</u> <u>Kew Kowlin MI</u> <u>48631</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Election Night</u> <u>Gathering</u> <u>Table decor</u> | <u>10/31/2015</u> Date | <u>\$ 59.34</u> |
| Expenditure #3 Name <u>Bejick's</u> Address <u>5493 Westside Saginaw Rd</u> <u>Bay City, MI</u> <u>48706</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Election Night</u> <u>Gathering</u> <u>Flowers</u> | <u>10/29/2015</u> Date | <u>\$ 23.70</u> |
| Expenditure #4 Name <u>Good and Food Service</u> Address <u>3730 Wilder Rd.</u> <u>Bay City, MI</u> <u>48706</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Election Night</u> <u>Gathering</u> <u>Cheese/Crackers</u> | <u>10/31/2015</u> Date | <u>\$ 33.98</u> |
| Expenditure #5 Name <u>Meijer</u> Address <u>595 N. Pine Rd</u> <u>Bay City, MI</u> <u>48706</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Election Night</u> <u>Gathering</u> <u>Beverages</u> | <u>11/03/2015</u> Date | <u>\$ 14.16</u> |

Subtotal this page

190.47

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>Asian Noodle</u> Address <u>200 Center Ave</u> <u>Bay City, MI</u> <u>48708</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Election Night</u> <u>Gathering</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>11/03/2015</u> Date | <u>\$ 154.17</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 _____ \$ _____ | Click Here for Memo Itemization Type |
| 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 _____ \$ _____ | Click Here for Memo Itemization Type |
| 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 _____ \$ _____ | Click Here for Memo Itemization Type |
| 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 _____ \$ _____ | Click Here for Memo Itemization Type |

Subtotal this page

154.17

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

344.64

Enter this total
on line 8a of
Summary Page