**Recipient Committee**  
**Campaign Statement**  
**Cover Page**

<table>
<thead>
<tr>
<th>Statement covers period from</th>
<th>through</th>
<th>Date of Election if applicable (Month, Day, Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/20/2013</td>
<td>02/16/2013</td>
<td>FEB 20 2013</td>
</tr>
</tbody>
</table>

1. **Type of Recipient Committee**
   - [ ] Officeholder, Candidate Controlled Committee
   - [ ] State Candidate Election Committee
   - [ ] Recall
   - [ ] General Purpose Committee
   - [ ] Primarily Formed Ballot Measure Committee
   - [ ] Controlled
   - [ ] Sponsored
   - [ ] Primarily Formed Candidate/Officeholder Committee

2. **Type of Statement**
   - [ ] Pre-election Statement
   - [ ] Semi-Annual Statement
   - [ ] Termination Statement
   - [ ] Amendment
   - [ ] Quarterly Statement
   - [ ] Special Odd-Year Statement
   - [ ] Supplemental Pre-election Statement - Attach Form 495

3. **Committee Information**
   - **Committee Name:** MIKE DAVIS ASSEMBLY 2010 OFFICERHOLDER
   - **I.D. Number:** 1334704
   - **Treasurer(s):**
     - **NAME OF TREASURER:** DAVID L. GOULD
     - **STREET ADDRESS:**
     - **CITY:** LOS ANGELES
     - **STATE:** CA
     - **ZIP CODE:** 90010
     - **AREA CODE/PHONE:** 213/489-4792
     - **NAME OF ASSISTANT TREASURER, IF ANY:** Michelle Moore Sanders
     - **STREET ADDRESS:**
     - **CITY:** Los Angeles
     - **STATE:** CA
     - **ZIP CODE:** 90010
     - **AREA CODE/PHONE:** 213/489-4792
     - **OPTIONAL: FAX/E-MAIL ADDRESS:** [213] 489-4818 / dlgould@davidgouldco.com

4. **Verification**
   I have used all reasonable diligence in preparing this statement and declare under penalty of perjury that the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California, the information contained herein is true and correct.
   
   Executed on 2-20-13
   By [REDACTED]
   
   Executed on 2-20-13
   By [REDACTED]
   
   Executed on [REDACTED]
   By [REDACTED]
   
   Executed on [REDACTED]
   By [REDACTED]

   [Signature]
   [Signature]
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>MICHAEL DAVIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
<td>State Assembly Person Assembly District 48</td>
</tr>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</td>
<td>CITY</td>
</tr>
<tr>
<td>Los Angeles</td>
<td>CA</td>
</tr>
</tbody>
</table>

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>MIKE DAVIS FOR ASSEMBLY 2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.D. NUMBER</td>
<td>1277165</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF TREASURER</th>
<th>DAVID L. GOULD</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONTROLLED COMMITTEE?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMMITTEE ADDRESS</th>
<th>STREET ADDRESS (NO P.O. BOX)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
<tr>
<td>LOS ANGELES</td>
<td>CA</td>
</tr>
</tbody>
</table>

6. Ballot Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>BALLOT NO. OR LETTER</td>
<td>JURISDICTION</td>
</tr>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

Identify the controlling officeholder, candidate, or state measure proponent, if any.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD</td>
<td>DISTRICT NO. IF ANY</td>
</tr>
</tbody>
</table>

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>MIKE DAVIS FOR ASSEMBLY 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.D. NUMBER</td>
<td>1313485</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF TREASURER</th>
<th>DAVID L. GOULD</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONTROLLED COMMITTEE?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMMITTEE ADDRESS</th>
<th>STREET ADDRESS (NO P.O. BOX)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
<tr>
<td>LOS ANGELES</td>
<td>CA</td>
</tr>
</tbody>
</table>

Attach continuation sheets if necessary.
5. Officeholder or Candidate Controlled Committee

Related Committees Not Included in this Statement:  List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>MIKE DAVIS FOR CITY COUNCIL 2013</td>
<td>1342584</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF TREASURER</th>
<th>CONTROLLED COMMITTEE?</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAVID L. GOULD</td>
<td>☑ YES</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMMITTEE ADDRESS</th>
<th>STREET ADDRESS (NO P.O. BOX)</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>LOS ANGELES</td>
<td>CA</td>
<td>90010</td>
<td>213/489-4792</td>
</tr>
</tbody>
</table>
Campaign Disclosure Statement
Summary Page

See instructions on reverse.
Name of Filer: Mike Davis Assembly 2010 Officeholder

Contributions Received

<table>
<thead>
<tr>
<th>Contributions Received</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TOTAL THIS PERIOD</td>
<td>CALENDAR YEAR TOTAL TO DATE</td>
</tr>
<tr>
<td>1. Monetary Contributions</td>
<td>Schedule A, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>Loans Received</td>
<td>Schedule B, Line 7</td>
<td>$0.00</td>
</tr>
<tr>
<td>3. SUBTOTAL CASH CONTRIBUTIONS</td>
<td>Add Lines 1 - 2</td>
<td>$0.00</td>
</tr>
<tr>
<td>4. Nonmonetary Contributions</td>
<td>Schedule C, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>5. TOTAL CONTRIBUTIONS RECEIVED</td>
<td>Add Lines 3 + 4</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

Expenditures Made

<table>
<thead>
<tr>
<th>Expenditures Made</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TOTAL THIS PERIOD</td>
<td>CALENDAR YEAR TOTAL TO DATE</td>
</tr>
<tr>
<td>6. Payments Made</td>
<td>Schedule E, Line 4</td>
<td>$50.00</td>
</tr>
<tr>
<td>7. Loans Made</td>
<td>Schedule H, Line 7</td>
<td>$0.00</td>
</tr>
<tr>
<td>8. SUBTOTAL CASH PAYMENTS</td>
<td>Add Lines 6 + 7</td>
<td>$50.00</td>
</tr>
<tr>
<td>9. Accrued Expenses (Unpaid Bills)</td>
<td>Schedule F, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>10. Nonmonetary Adjustment</td>
<td>Schedule C, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>11. TOTAL EXPENDITURES MADE</td>
<td>Add Lines 6 + 9 + 10</td>
<td>$50.00</td>
</tr>
</tbody>
</table>

Current Cash Statement

<table>
<thead>
<tr>
<th>Current Cash Statement</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Previous Summary Page, Line 16</td>
<td>$2757.34</td>
</tr>
<tr>
<td>12. Beginning Cash Balance</td>
<td>Column A, Line 3 above</td>
<td>$0.00</td>
</tr>
<tr>
<td>13. Cash Receipts</td>
<td>Schedule I, Line 4</td>
<td>$0.00</td>
</tr>
<tr>
<td>14. Miscellaneous Increases to Cash</td>
<td>Column A, Line 8 above</td>
<td>$50.00</td>
</tr>
<tr>
<td>Cash Payments</td>
<td>Column A, Line 8 above</td>
<td>$0.00</td>
</tr>
<tr>
<td>16. ENDING CASH BALANCE</td>
<td>Add Lines 12 + 13 + 14, then subtract Line 15</td>
<td>$2707.34</td>
</tr>
</tbody>
</table>

Expenditure Limit Summary for State Candidates

<table>
<thead>
<tr>
<th>Expenditure Limit Summary for State Candidates</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>22. Cumulative Expenditures Made*</td>
<td>(If Subject to Voluntary Expenditure Limit)</td>
<td>$</td>
</tr>
<tr>
<td>Date of Election (mm/dd/yyyy)</td>
<td>Total to Date</td>
<td>$</td>
</tr>
</tbody>
</table>

Current Cash Statement:
To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

Cash Equivalents and Outstanding Debts

<table>
<thead>
<tr>
<th>Cash Equivalents and Outstanding Debts</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>18. Cash Equivalents</td>
<td>See instructions on reverse</td>
<td>$0.00</td>
</tr>
<tr>
<td>19. Outstanding Debts</td>
<td>Add Line 2 + Line 9 in Column B above</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

*Amounts in this section may be different from amounts reported in Column B.
Schedule E Payments Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
MIKE DAVIS ASSEMBLY 2010 OFFICEHOLDER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMP</td>
<td>campaign paraphernalia/misc.</td>
</tr>
<tr>
<td>CNS</td>
<td>campaign consultants</td>
</tr>
<tr>
<td>CTB</td>
<td>contribution (explain nonmonetary)*</td>
</tr>
<tr>
<td>DCV</td>
<td>civic donations</td>
</tr>
<tr>
<td>FIL</td>
<td>candidate filing/ballot fees</td>
</tr>
<tr>
<td>FND</td>
<td>fundraising events</td>
</tr>
<tr>
<td>IND</td>
<td>independent expenditure supporting/opposing others (explain)*</td>
</tr>
<tr>
<td>LEG</td>
<td>legal defense</td>
</tr>
<tr>
<td>LIT</td>
<td>campaign literature and mailings</td>
</tr>
<tr>
<td>MBR</td>
<td>member communications</td>
</tr>
<tr>
<td>MTG</td>
<td>meetings and appearances</td>
</tr>
<tr>
<td>OFC</td>
<td>office expenses</td>
</tr>
<tr>
<td>PET</td>
<td>petition circulating</td>
</tr>
<tr>
<td>PHO</td>
<td>phone banks</td>
</tr>
<tr>
<td>POL</td>
<td>polling and survey research</td>
</tr>
<tr>
<td>POS</td>
<td>postage, delivery and messenger services</td>
</tr>
<tr>
<td>PRO</td>
<td>professional services (legal, accounting)</td>
</tr>
<tr>
<td>PRT</td>
<td>print ads</td>
</tr>
<tr>
<td>RAD</td>
<td>radio airtime and production costs</td>
</tr>
<tr>
<td>RFD</td>
<td>returned contributions</td>
</tr>
<tr>
<td>SAL</td>
<td>campaign workers' salaries</td>
</tr>
<tr>
<td>TEL</td>
<td>t.v. or cable airtime and production costs</td>
</tr>
<tr>
<td>TRC</td>
<td>candidate travel, lodging, and meals</td>
</tr>
<tr>
<td>TRS</td>
<td>staff/spouse travel, lodging, and meals</td>
</tr>
<tr>
<td>TSF</td>
<td>transfer between committees of the same candidate/sponsor</td>
</tr>
<tr>
<td>VOT</td>
<td>voter registration</td>
</tr>
<tr>
<td>WEB</td>
<td>information technology costs (internet, email)</td>
</tr>
</tbody>
</table>

NAME AND ADDRESS OF PAYEE OR CREDITOR
(If Committee, also enter ID. Number)

<table>
<thead>
<tr>
<th>ID</th>
<th>NAME AND ADDRESS OF PAYEE OR CREDITOR</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
</tr>
</thead>
</table>

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ............................................... $ 0.00

2. Unitemized payments made this period of under $100. ................................................................. $ 50.00

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ................... $ 0.00

4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL $ 50.00

SUBTOTAL $ 0.00

FFPC Form 460 (January/05)
FFPC Toll-Free Helpline: 866/ASK-FPPC