Recipient Committee
Campaign Statement
(Government Code Sections 84200-84216.5)

Type or print in ink.

Statement covers period
from ___________ 01/01/2014 ___________
through ___________ 06/30/2014 ___________

Date of election if applicable:
(Month, Day, Year) ___________

1. Type of Recipient Committee: All Committees - Complete Parts 1.2,3, and 4.
   - [ ] Officeholder, Candidate Controlled Committee
   - [ ] General Purpose Committee
     (Also Complete Part 5.)
   - [ ] State Candidate Election Committee
   - [ ] Sponsored
   - [ ] Small Contributor Committee
   - [ ] Political Party/Central Committee
   - [x] Ballot Measure Committee
     - [ ] Primary Formed
     - [ ] Controlled
     - [ ] Sponsored
     (Also Complete Part 6.)
   - [ ] Primary Formed Candidate/Officeholder Committee
     (Also Complete Part 7.)

2. Type of Statement:
   - [ ] Pre-election Statement
   - [ ] Semi-annual Statement
   - [ ] Termination Statement
   - [x] Amendment (Explain below)

3. Committee Information

   I.D. NUMBER 1334704
   COMMITTEE NAME OR CANDIDATE'S NAME IF NO COMMITTEE
   MIKE DAVIS ASSEMBLY 2010 OFFICEHOLDER
   STREET ADDRESS (NO P.O. BOX)
   CITY LOS ANGELES
   STATE CA
   ZIP CODE 90010
   AREA CODE/PHONE 213/489-4792
   MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
   CITY
   STATE
   ZIP CODE
   AREA CODE/PHONE
   OPTIONAL: FAX/E-MAIL ADDRESS (213) 489-4818
   DAVID L. GOULD
   NAME OF TREASURER
   MAILING ADDRESS:
   CITY LOS ANGELES
   STATE CA
   ZIP CODE 90010
   AREA CODE/PHONE 213/489-4792
   NAME OF ASSISTANT TREASURER, IF ANY
   Michelle Moore Sanders
   MAILING ADDRESS:
   CITY Los Angeles
   STATE CA
   ZIP CODE 90010
   AREA CODE/PHONE 213/489-4792
   OPTIONAL: FAX/E-MAIL ADDRESS (213) 489-4818
dlgould@davidgouldcompany.com

4. Verification
I have used all reasonable diligence in preparing and reviewing this statement and
it is true and complete. I certify under penalty of perjury under the laws
of the State of California, that I am the person named above.

Executed on ___________ 07/21/2014 ___________ By ____________________________
   SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on ___________ 07/21/2014 ___________ By ____________________________
   SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROONENT

Executed on __________________ By ____________________________
   SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROONENT

Executed on __________________ By ____________________________
   SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROONENT
5. **Officeholder or Candidate Controlled Committee**

   **NAME OF OFFICEHOLDER OR CANDIDATE**
   Michael Davis

   **OFFICE SOUGHT OR HELD** (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
   State Assembly Person - District 48

   **RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)**
   City: Los Angeles
   State: CA
   Zip: 90010

   **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.

   **COMMITTEE NAME**
   Mike Davis for Assembly 2006

   **I.D. NUMBER**
   1277165

   **NAME OF TREASURER**
   David L. Gould

   **CONTROLLED COMMITTEE?**
   Yes

   **COMMITTEE STREET ADDRESS (NO P.O. BOX)**
   City: Los Angeles
   State: CA
   Zip Code: 90010
   Area Code/Phone: 213/483-4792

   **COMMITTEE NAME**
   Mike Davis for City Council 2013

   **I.D. NUMBER**
   1342584

   **NAME OF TREASURER**
   David L. Gould

   **CONTROLLED COMMITTEE?**
   Yes

   **COMMITTEE STREET ADDRESS (NO P.O. BOX)**
   City: Los Angeles
   State: CA
   Zip Code: 90010
   Area Code/Phone: 213/483-4792

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6. **Primarily Formed Ballot Measure Committee**

   **NAME OF BALLOT MEASURE**

   **BALLOT NO. OR LETTER**
   [Blank]

   **JURISDICTION**
   [Blank]

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

   **NAME OF OFFICEHOLDER OR CANDIDATE OR PROponent**

   **OFFICE SOUGHT OR HELD**

   **DISTRICT NO. IF ANY**

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7. **Primarily Formed Candidate/Officeholder Committee**

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

   **NAME OF OFFICEHOLDER OR CANDIDATE**

   **OFFICE SOUGHT OR HELD**
   [Blank]

   **FPPC Form 460 - January 05
   State of California/SI**
### Contributions Received

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Monetary Contributions</td>
<td>Schedule A, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>2</td>
<td>Loans Received</td>
<td>Schedule B, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>3</td>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>Add Lines 1+2</td>
<td>$0.00</td>
</tr>
<tr>
<td>4</td>
<td>Nonmonetary Contributions</td>
<td>Schedule C, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>5</td>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>Add Lines 3+4</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Payments Made</td>
<td>Schedule E, Line 4</td>
<td>$1,797.34</td>
</tr>
<tr>
<td>7</td>
<td>Loans Made</td>
<td>Schedule H, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>8</td>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>Add Lines 6+7</td>
<td>$1,797.34</td>
</tr>
<tr>
<td>9</td>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>Schedule F, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>10</td>
<td>Nonmonetary Adjustment</td>
<td>Schedule C, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>11</td>
<td>TOTAL EXPENDITURES MADE</td>
<td>Add Lines 6+9+10</td>
<td>$1,797.34</td>
</tr>
</tbody>
</table>

### Current Cash Statement

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>Beginning Cash Balance</td>
<td>Previous Summary Page, Line 18</td>
<td>$1,697.34</td>
</tr>
<tr>
<td>13</td>
<td>Cash Receipts</td>
<td>Column A, Line 3 above</td>
<td>$0.00</td>
</tr>
<tr>
<td>14</td>
<td>Miscellaneous Increases to Cash</td>
<td>Schedule I, Line 3</td>
<td>$100.00</td>
</tr>
<tr>
<td>15</td>
<td>Cash Payments</td>
<td>Column A, Line 8 above</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>ENDING CASH BALANCE</td>
<td>Add Lines 12 + 13 + 14, then subtract Line 15</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

### Cash Equivalents and Outstanding Debts

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>Cash Equivalents</td>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td>19</td>
<td>Outstanding Debts</td>
<td>Add Lines 2 + Line 9 in Column B above</td>
<td>$0.00</td>
</tr>
</tbody>
</table>
Schedule E
Payments Made

NAME OF FILER: MIKE DAVIS ASSEMBLY 2010 OFFICEHOLDER

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>CVC</td>
<td>Campaign consultants</td>
<td>1,000.00</td>
</tr>
<tr>
<td>PRO</td>
<td>Professional services (legal, accounting)</td>
<td>722.34</td>
</tr>
</tbody>
</table>

SUBTOTAL $ 1,722.34

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) $ 1,722.34
2. Unitemized payments made this period of under $100 $ 75.00
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 Line 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL $ 1,797.34

FPPC Form 460 (January 2015)

CALIFORNIA FORM 460
SCHEDULE E
Statement covers period from 01/01/2014 through 06/30/2014
Page 4 of 5
ID NUMBER 1334704
Schedule I
Miscellaneous Increases to Cash

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>DESCRIPTION OF RECEIPT</th>
<th>AMOUNT OF INCREASE TO CASH</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/30/2014</td>
<td>California Bank &amp; Trust</td>
<td>Reversal of charges</td>
<td>100.00</td>
</tr>
<tr>
<td></td>
<td>Los Angeles, CA 90071</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Schedule I Summary

1. Itemized increases to cash this period .......................................................... $ 100.00
2. Unitemized payments made this period of under $100 ................................ ....... $ 0.00
3. Total interest received this period on loans made to others. (Schedule H, Column (e).) ................................................................. $ 0.00
4. Total miscellaneous increases to cash this period. Total to Summary Page, Line 14 ................................................................. TOTAL $ 100.00

FPPC Form 460 (January /05-SI)