Recipient Committee
Campaign Statement
Cover Page

Statement covers period
from 10/01/2012
through 12/31/2012

Date of Election if applicable
(Month, Day, Year)
JAN 11 2013

1. Type of Recipient Committee
☐ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
☐ Primarily Formed Ballot Measure Committee
☐ 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
I.D. Number 1277165

COMMITTEE NAME
MIKE DAVIS FOR ASSEMBLY 2006

STREET ADDRESS

CITY
LOS ANGELES
STATE
CA
ZIP CODE
90010
AREA CODE/PHONE
213/489-4792

MAILING ADDRESS (IF DIFFERENT)

CITY
LOS ANGELES
STATE
CA
ZIP CODE
90010
AREA CODE/PHONE
213/489-4792

OPTIONAL: FAX / E-MAIL ADDRESS
(213) 489-4818

4. Verification
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the statements made above are true and correct.

Executed on 1/10/13
By

Executed on 1/15/13
By

Executed on
By

Executed on
By

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

FPPC form 460 - January/06
State of California/81
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 - District 48</td>
</tr>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</td>
<td>Los Angeles, CA 90010</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 make expenditures on behalf of your candidacy.

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

<table>
<thead>
<tr>
<th>COMMITTEE STREET ADDRESS (NO P.O. BOX)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY</td>
<td>LOS ANGELES</td>
</tr>
<tr>
<td>STATE</td>
<td>CA</td>
</tr>
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<td>ZIP CODE</td>
<td>90010</td>
</tr>
<tr>
<td>AREA CODE/PHONE</td>
<td>213/489-4792</td>
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6. **Primarily Formed Ballot Measure Committee**

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

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

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

7. **Primarily Formed Candidate/Officeholder 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>
</tr>
</thead>
<tbody>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

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

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<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
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</tr>
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<td>SUPPORT</td>
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</table>

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</tr>
</thead>
<tbody>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

FPPC Form 460 - January/05
State of California/81
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
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</thead>
<tbody>
<tr>
<td>MIKE DAVIS FOR SECRETARY OF STATE 2014</td>
<td>1334702</td>
</tr>
<tr>
<td>MIKE DAVIS FOR CITY COUNCIL 2013</td>
<td>1342584</td>
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</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>
<tr>
<td>DAVID L. GOULD</td>
<td>NO</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>COMMITTEE STREET ADDRESS (NO P.O. BOX)</th>
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<tbody>
<tr>
<td>CITY: LOS ANGELES</td>
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<tr>
<td>STATE: CA</td>
</tr>
<tr>
<td>ZIP CODE: 90010</td>
</tr>
<tr>
<td>AREA CODE / PHONE: 213/489-4792</td>
</tr>
</tbody>
</table>
**Contributions Received**

1. Monetary Contributions ....................................... Schedule A, Line 3 $ 0.00 $ 0.00
2. Loans Received ..................................................... Schedule B, Line 3 $ 0.00 $ 5,100.00
3. SUBTOTAL CASH CONTRIBUTIONS .......................... Add Lines 1+2 $ 0.00 $ 5,100.00
4. Nonmonetary Contributions ..................................... Schedule C, Line 3 $ 0.00 $ 0.00
5. TOTAL CONTRIBUTIONS RECEIVED ......................... Add Lines 3+4 $ 0.00 $ 5,100.00

**Expenditures Made**

6. Payments Made .................................................. Schedule E, Line 4 $ 0.00 $ 1,625.00
7. Loans Made ....................................................... Schedule H, Line 3 $ 0.00 $ 0.00
8. SUBTOTAL CASH PAYMENTS .................................. Add Lines 6+7 $ 0.00 $ 1,625.00
9. Accrued Expenses (Unpaid Bills) ......................... Schedule F, Line 3 $ 0.00 $ 38,554.64
10. Nonmonetary Adjustment ...................................... Schedule C, Line 3 $ 0.00 $ 0.00
11. TOTAL EXPENDITURES MADE ................................. Add Lines 8+9+10 $ 0.00 $ 40,179.64

**Current Cash Statement**

12. Beginning Cash Balance ...................................... Previous Summary Page, Line 16 $ 332.95
13. Cash Receipts .................................................... Column A, Line 3 above $ 0.00
14. Miscellaneous Increases to Cash ............................ Schedule I, Line 4 $ 0.00
15. Cash Payments .................................................... Column A, Line 8 above $ 0.00
16. ENDING CASH BALANCE, Add Lines 12 + 13 + 14, then subtract Line 15 $ 332.95
17. LOAN GUARANTEES RECEIVED, Schedule B, Part 2 $ 0.00

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ............................................... $ 0.00
19. Outstanding Debts ............................................... Add Lines 2 + Line 9 in Column B above $ 43,654.64

**Calendar Year Summary for Candidates Running in Both the State Primary and General Elections.**

<table>
<thead>
<tr>
<th>Contributions Received</th>
<th>Expenditures Made</th>
<th>Expenditure Limit Summary for State Candidates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Column A (TOTAL PERIOD FROM ATTACHED SCHEDULE)</td>
<td>Column B (CALORIAL YEAR TOTAL TO DATE)</td>
<td></td>
</tr>
<tr>
<td>20. Contributions Received $</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>21. Expenditures Made $</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

**Expended Limit Summary for State Candidates**

22. Cumulative Expenditures Made *(If Subject to Voluntary Expenditure Limits)*

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
</table>

* Amounts in this Section may be different from amounts reported in Column B.
Schedule B - Part 1
Loans Received

<table>
<thead>
<tr>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER</th>
<th>IF INDIVIDUAL OCCUPATION &amp; EMPLOYER IF COMMITTEE, ID NUMBER</th>
<th>(a) AMOUNT RECEIVED THIS PERIOD</th>
<th>(b) AMOUNT PAID OR FORGIVEN THIS PERIOD</th>
<th>(c) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
<th>(d) AMOUNT PAID OR FORGIVEN THIS PERIOD</th>
<th>(e) INTEREST PAID THIS PERIOD</th>
<th>(f) ORIGINAL AMOUNT OF LOAN</th>
<th>(g) CUMULATIVE CONTRIBUTIONS TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>MICHAEI DAVIS</td>
<td>Assemblymember</td>
<td>Los Angeles, CA 90010</td>
<td>2,000.00</td>
<td>□ PAID</td>
<td>2000.00</td>
<td>0.00</td>
<td>2,000.00</td>
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<tr>
<td>Contributor Code: IND</td>
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<tr>
<td>MICHAEI DAVIS</td>
<td>Assemblymember</td>
<td>Los Angeles, CA 90010</td>
<td>1,000.00</td>
<td>□ PAID</td>
<td>1000.00</td>
<td>0.00</td>
<td>1,000.00</td>
<td>0</td>
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<tr>
<td>State of California</td>
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<tr>
<td>Contributor Code: IND</td>
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<td></td>
</tr>
<tr>
<td>MICHAEI DAVIS</td>
<td>Assemblymember</td>
<td>Los Angeles, CA 90010</td>
<td>1,100.00</td>
<td>□ PAID</td>
<td>1100.00</td>
<td>0.00</td>
<td>1,100.00</td>
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<tr>
<td>State of California</td>
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</tr>
</tbody>
</table>

** Schedule B Summary **
1. Loans received this period
   (Total Column (b) plus unitemized loans of less than $100.) .................................................. $ 0.00
2. Loans paid or forgiven this period
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)
   $ 0.00
3. Net change this period. (Subtract Line 2 from Line 1.) .................................................. NET $ 0.00
   Enter the net here and on the Summary Page, Column A, Line 2.

FPPC Form 460 (January /05-SI)
Schedule B - Part 1 (Continued)
Loans Received

Statement covers period
from 10/01/2012
through 12/31/2012

NAME OF FILER MIKE DAVIS FOR ASSEMBLY 2006

I.D. NUMBER 1277165

FULL NAME, STREET ADDRESS AND ZIP CODE
OF LENDER
MICHAEL DAVIS
Los Angeles, CA 90010

IF INDIVIDUAL
OCCUPATION & EMPLOYER
Assemblymember
IF COMMITTEE, ID NUMBER

(a) OUTSTANDING
BALANCE BEGINNING THIS PERIOD 1,000.00
(b) AMOUNT RECEIVED THIS PERIOD
(c) AMOUNT PAID OR FORGIVEN THIS PERIOD
(d) OUTSTANDING
BALANCE AT CLOSE OF THIS PERIOD 1,000.00
(e) INTEREST PAID THIS PERIOD
(f) ORIGINAL
AMOUNT OF LOAN 1,000.00
(g) CUMULATIVE CONTRIBUTIONS TO DATE

CALIFORNIA FORM 460

Original Amount of Loan: 1,000.00
CALIFORNIA

FPPC Form 460(January /05-SI)
# Schedule F
Accrued Expenses (Unpaid Bills)

**NAME OF FILER:** Mike Davis for Assembly 2006

**CODES:** If one of the following accurately describes the payment, you may enter the code. Otherwise, describe the payment.
- CMP: Campaign paraphernalia/misc.
- CNS: Campaign consultants
- CTB: Contribution (explain nonmonetary)
- CVC: Civic donations
- FIL: Candidate filing / ballot fees
- FND: Fundraising expenses
- IND: Independent expenditures supporting/opposing others
- LEG: Legal defense
- LIT: Campaign literature and mailings
- MBR: Member communications
- MTG: Meetings and appearances
- OFC: Office expenses
- PET: Petition circulating
- PHO: Phone banks
- POL: Polling and survey research
- POS: Postage, delivery and messenger services
- PRO: Professional services (legal, accounting)
- PRT: Print ads
- RAD: Radio airtime and production costs
- RFD: Returned contributions
- SAL: Campaign workers' salaries
- TEL: T.V. or cable production costs
- TRC: Candidate travel, lodging and meals
- TRS: Staff/spouse travel, lodging and meals
- TSF: Transfer between committees of the same candidate/spONSor
- VOT: Voter registration
- WEB: Information technology costs (Internet, e-mail)

## NAME AND ADDRESS OF CREDITOR

<table>
<thead>
<tr>
<th>CREDITOR</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD</th>
<th>(b) AMOUNT INCURRED THIS PERIOD</th>
<th>(c) AMOUNT PAID THIS PERIOD</th>
<th>(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Express</td>
<td>CMP</td>
<td>645.18</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Los Angeles, CA 90096</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Los Angeles County Democratic Party</td>
<td>CMP</td>
<td>200.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Los Angeles, CA 90010</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**SUBTOTALS** $845.18 $0.00 $0.00 $845.18

## Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of $100 or more, plus total unitemized accrued expenses under $100.) **INCURRED TOTALS** $0.00
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of $100 or more, plus total unitemized payments on accrued expenses under $100.) **PAID TOTALS** $0.00
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, column A, Line 9.) **NET** $0.00

FPCC Form 460 (January '05-SI)
# Schedule F (Continuation Sheet)
## Accrued Expenses (Unpaid Bills)

**NAME OF FILER:** MIKE DAVIS FOR ASSEMBLY 2006

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

- **CMP:** campaign paraphernalia/misc.
- **CNS:** campaign consultants
- **CTB:** contribution (explain nonmonetary)
- **CVC:** civic donations
- **FIL:** candidate filing / ballot fees
- **FND:** fundraising expenses
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- **VOT:** voter registration
- **WEB:** information technology costs (internet, e-mail)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF CREDITOR</th>
<th>CODE OR DESCRIPTION OF PAYMENT</th>
<th>(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD</th>
<th>(b) AMOUNT INCURRED THIS PERIOD</th>
<th>(c) AMOUNT PAID THIS PERIOD</th>
<th>(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
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</thead>
<tbody>
<tr>
<td>Los Angeles Sentinel Inc.</td>
<td>PRT</td>
<td>4,010.00</td>
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<td>4,010.00</td>
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<tr>
<td>Los Angeles, CA 90008</td>
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<tr>
<td>PrintCo Graphics</td>
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<td>3,299.46</td>
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<td>Commerce, CA 90040</td>
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<tr>
<td>Ross Communications</td>
<td>CNS</td>
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<td>30,400.00</td>
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<tr>
<td>Sacramento, CA 95814</td>
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</table>

**SUBTOTALS:** $37,709.46

FPPC Form 460 (January 05-SI)