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

Statement covers period from 02/28/2013 through 06/30/2013

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
- State Candidate Election Committee
- Recall
- Ballot Measure Committee
- Primary Formed
- Controlled
- Sponsored
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primary Formed Candidate/Offerholder Committee

2. Type of Statement:
- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

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
213/489-4782

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX/EMAIL ADDRESS
(213) 489-4818
dlgould@davidgouldcompany.com

Treasurer(s)

NAME OF TREASURER
DAVID L. GOULD

MAILING ADDRESS

CITY
LOS ANGELES
STATE
CA
ZIP CODE
90010
AREA CODE/PHONE
(213) 489-4782

NAME OF ASSISTANT TREASURER, IF ANY
Michelle Moore Sanders

MAILING ADDRESS

CITY
Los Angeles
STATE
CA
ZIP CODE
90010
AREA CODE/PHONE
213/489-4782

OPTIONAL: FAX/EMAIL 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 the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the information contained herein and in the attached schedules is true and complete.

Executed on 07/07/2013
By DAVID L. GOULD
SIGNED

Executed on 07/07/2013
By MICHAEL DAVIS
SIGNED

Executed on
By
SIGNED

Executed on
By
SIGNED
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>MICHAEL DAVIS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</th>
<th>Held: State Assembly Person Assembly District</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</td>
<td></td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</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>
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</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>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>MIKE DAVIS FOR CITY COUNCIL 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.D. NUMBER</td>
<td>1342584</td>
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<table>
<thead>
<tr>
<th>NAME OF TREASURER</th>
<th>DAVID L. GOULD</th>
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<tr>
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<td>YES</td>
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<td>CA</td>
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</tbody>
</table>

6. Ballot Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>BALLOT NO. OR LETTER</th>
<th>JURISDICTION</th>
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</thead>
<tbody>
<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 PROPONENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD</td>
</tr>
<tr>
<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>
</tr>
</thead>
<tbody>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
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</thead>
<tbody>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

Attach continuation sheets if necessary.
### Campaign Disclosure Statement Summary Page

#### Contributions Received

1. Monetary Contributions .................................. Schedule A, Line 3 $0.00 $0.00 $0.00
2. Loans Received ............................................. Schedule B, Line 7 $0.00 $0.00 $0.00
   * SUBTOTAL CASH CONTRIBUTIONS .................. Add Lines 1 + 2 $0.00 $0.00 $0.00
   + Nonmonetary Contributions .......................... Schedule C, Line 3 $0.00 $0.00 $0.00
5. TOTAL CONTRIBUTIONS RECEIVED .................. Add Lines 3 + 4 $0.00 $0.00 $0.00

#### Expenditures Made

6. Payments Made ........................................... Schedule E, Line 4 $0.00 $0.00 $1339.54
7. Loans Made ............................................... Schedule H, Line 7 $0.00 $0.00 $0.00
8. SUBTOTAL CASH PAYMENTS ......................... Add Lines 6 + 7 $0.00 $0.00 $1339.54
9. Accrued Expenses (Unpaid Bills) ............ Schedule F, Line 3 $0.00 $0.00 $0.00
10. Nonmonetary Adjustment .............................. Schedule C, Line 3 $0.00 $0.00 $0.00
11. TOTAL EXPENDITURES MADE ......................... Add Lines 8 + 9 + 10 $0.00 $0.00 $1339.54

#### Current Cash Statement

12. Beginning Cash Balance ......................... Previous Summary Page, Line 16 $2682.34 $2682.34
3. Cash Receipts ........................................... Column A, Line 3 above $0.00 $0.00
14. Miscellaneous Increases to Cash ................ Schedule I, Line 4 $0.00 $0.00
   Cash Payments ........................................... Column A, Line 8 above $0.00 $0.00
16. ENDING CASH BALANCE .......... Add Lines 12 + 13 + 14, then subtract Line 15 $2682.34 $2682.34

If this is a termination statement, Line 16 must be zero.

#### Cash Equivalents and Outstanding Debts

18. Cash Equivalents .................................... See instructions on reverse $0.00 $0.00
19. Outstanding Debts .................................... Add Line 2 + Line 9 in Column B above $0.00 $0.00

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

20. Contribution Received .............................. $0.00 $0.00 $0.00
21. Expenditures Made ................................. $0.00 $0.00 $0.00

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**Expenditure Limit Summary for State Candidates**

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

   Date of Election (mm/dd/yyyy)  
   Total to Date

   
   
   

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*Amounts in this section may be different from amounts reported in Column B.