Recipient Committee
Campaign Statement
Cover Page

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 Candidate/Officeholder Committee
   - Primarily Formed Ballot Measure Committee
     - Controlled
     - Sponsored

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: 1334702
   COMMITTEE NAME
   MIKE DAVIS FOR SECRETARY OF STATE 2014

   STREET ADDRESS (NO PO BOX)

   CITY
   LOS ANGELES
   MAILING ADDRESS (IF DIFFERENT)

   CITY
   STATE
   ZIP CODE
   AREA CODE/PHONE

   OPTIONAL: FAX / E-MAIL ADDRESS
   (213) 489-4816

   STREET ADDRESS

   CITY
   STATE
   ZIP CODE
   AREA CODE/PHONE

   OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification
   I have used all reasonable diligence in preparing and reviewing this statement and affirm under penalty of perjury under the laws of the State of California that the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the information contained herein is true and correct.

   Executed on 1-1-13
   By
   Date Stamp
   LOS ANGELES CITY ETHICS COMMISSION
   Date of Election if applicable
   JAN 11 2013
   (Month, Day, Year)
   RECEIVED
   For Official Use Only
   CALIFORNIA FORM 460
   Page 1 of 5
   FPPC Form 460 - January/05
   State of California/SI
5. **Officeholder or Candidate Controlled Committee**

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>MICHAEL DAVIS</td>
<td>1277165</td>
</tr>
</tbody>
</table>

**OFFICE Sought or Held (Include location and district number if applicable):**

Secretary of State

**RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET):**

Los Angeles  CA  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.

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

**NAME OF TREASURER:**

**CONTROLLED COMMITTEE?**

**COMMITTEE STREET ADDRESS (NO. P.O. BOX):**

**CITY:**

Los Angeles

**STATE:**

CA

**ZIP CODE:**

90010

**AREA CODE/PHONE:**

213/489-4792

---

6. **Primarily Formed Ballot Measure Committee**

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
<th>JURISDICTION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**BALLOT NO. OR LETTER**

**SUPPORT**

**OPPOSE**

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

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE OR PROponent</th>
<th>OFFICE Sought or Held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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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.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE Sought or Held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**NAME OF OFFICEHOLDER OR CANDIDATE**

**OFFICE Sought or Held**

**SUPPORT**

**OPPOSE**

---

**NAME OF OFFICEHOLDER OR CANDIDATE**

**OFFICE Sought or Held**

**SUPPORT**

**OPPOSE**

---

**NAME OF OFFICEHOLDER OR CANDIDATE**

**OFFICE Sought or Held**

**SUPPORT**

**OPPOSE**

---

**NAME OF OFFICEHOLDER OR CANDIDATE**

**OFFICE Sought or Held**

**SUPPORT**

**OPPOSE**

---

FPPC Form 460 - January 05
State of California/11
## 5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>MIKE DAVIS ASSEMBLY 2010 OFFICEHOLDER</td>
<td>1334704</td>
</tr>
<tr>
<td>NAME OF TREASURER</td>
<td></td>
</tr>
<tr>
<td>DAVID L. GOULD</td>
<td></td>
</tr>
<tr>
<td>COMMITTEE STREET ADDRESS ( NO P.O. BOX)</td>
<td></td>
</tr>
<tr>
<td>CITY</td>
<td></td>
</tr>
<tr>
<td>LOS ANGELES</td>
<td></td>
</tr>
<tr>
<td>STATE</td>
<td>ZIP CODE</td>
</tr>
<tr>
<td>CA</td>
<td>90010</td>
</tr>
</tbody>
</table>

<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>
<tr>
<td>NAME OF TREASURER</td>
<td></td>
</tr>
<tr>
<td>DAVID L. GOULD</td>
<td></td>
</tr>
<tr>
<td>COMMITTEE STREET ADDRESS ( NO P.O. BOX)</td>
<td></td>
</tr>
<tr>
<td>CITY</td>
<td></td>
</tr>
<tr>
<td>LOS ANGELES</td>
<td></td>
</tr>
<tr>
<td>STATE</td>
<td>ZIP CODE</td>
</tr>
<tr>
<td>CA</td>
<td>90010</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 $ 0.00
3. SUBTOTAL CASH CONTRIBUTIONS ........ Add Lines 1 + 2 $ 0.00 $ 0.00
4. Nonmonetary Contributions .......................... Schedule C, Line 3 $ 0.00 $ 0.00
5. TOTAL CONTRIBUTIONS RECEIVED ........ Add Lines 3 + 4 $ 0.00 $ 0.00

### Expenditures Made

6. Payments Made ......................................... Schedule E, Line 4 $ 2,049.37 $ 2,599.37
7. Loans Made ............................................. Schedule H, Line 3 $ 0.00 $ 0.00
8. SUBTOTAL CASH PAYMENTS .................. Add Lines 6 + 7 $ 2,049.37 $ 2,599.37
9. Accrued Expenses (Unpaid Bills) .............. Schedule F, Line 3 $ 0.00 $ 0.00
10. Nonmonetary Adjustment ......................... Schedule C, Line 3 $ 0.00 $ 0.00
11. TOTAL EXPENDITURES MADE ........... Add Lines 8 + 9 + 10 $ 2,049.37 $ 2,599.37

### Current Cash Statement

13. Cash Receipts ........................................ Schedule I, Line 4 $ 0.00 $ 0.00
14. Miscellaneous Increases to Cash ............ Schedule I, Line 4 $ 0.00 $ 0.00
15. Cash Payments ...................................... Schedule A, Line 8 above $ 2,049.37 $ 2,049.37
16. ENDING CASH BALANCE ............. Add Lines 12 + 13 + 14, then subtract Line 15 $ 0.00 $ 0.00
17. LOAN GUARANTEES RECEIVED ............ Schedule B, Part 2 $ 0.00 $ 0.00

### Cash Equivalents and Outstanding Debts

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

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

- Contributions Received 1/1 through 6/30
- Expenditures Made 7/1 to Date

### Expenditure Limit Summary for State Candidates

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

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

NAME OF FILER: MIKE DAVIS FOR SECRETARY OF STATE 2014

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
- PHD 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)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE or DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black Women's Forum</td>
<td>CVC</td>
<td>1,000.00</td>
</tr>
<tr>
<td>Los Angeles, CA 90028</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. Ruth Moore V.S.O. Inc.</td>
<td>CVC</td>
<td>500.00</td>
</tr>
<tr>
<td>Los Angeles, CA 90071</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mount Moriah Baptist Church</td>
<td>CVC</td>
<td>500.00</td>
</tr>
<tr>
<td>Los Angeles, CA 90037</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SUBTOTAL $ 2,000.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ........................................ $ 2,000.00
2. Unitemized payments made this period of under $100 ................................................................. $ 49.37
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 $ 2,049.37

PPFC Form 460 (January 05-SI)