



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE  
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

<b>1. Committee I.D. Number</b> C-2014-002		<b>3. This Statement covers:</b> from 01/08/14 to 10/19/14	
<b>2. Committee Name</b> Graydon Krapohl for Council		<b>4. Candidate Last Name</b> Krapohl <b>First Name</b> Graydon <b>M.I.</b> <b>4a. Office Sought Including District # or Community Served (If applicable)</b> Ann Arbor City Council ward 4 <input checked="" type="checkbox"/> <b>4b. County of Residence</b> WASHTENAW <input checked="" type="checkbox"/>	
<b>5. Committee's Mailing Address</b> 1308 East Stadium Blvd. Ann Arbor, MI 48104  Area Code and Phone (734) 845-8376 If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.		<b>6. Treasurer's Name &amp; Residential Address</b> Leah Gunn 1308 East Stadium Blvd. Ann Arbor, MI 48104  Area Code & Phone (734) 845-8346	
<b>7. Treasurer's Business Address</b>  Area Code and Phone _____		<b>8. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)</b>  Area Code and Phone _____	
<b>9. TYPE OF STATEMENT</b> 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus  Date of Election, Convention or Caucus 11/04/14		<b>9e. Dissolution of Candidate Committee</b> <input type="checkbox"/> By checking this item I/we certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.  Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.  Effective date of dissolution _____  Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
<b>10. Verification:</b> I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.			
Current Treasurer or Designated Record Keeper Leah Gunn Type or Print Name		Signature <i>Leah Gunn</i> Date 10/21/14	
Candidate Graydon Krapohl Type or Print Name		Signature <i>Graydon Krapohl</i> Date 10/22/14	



FILED  
MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS  
WASHINGTON COUNTY, MI

2014 OCT 23 P 12:14

SUMMARY PAGE  
CANDIDATE COMMITTEE  
WASHINGTON COUNTY CLERK/REGISTER

1. Committee I.D. Number C-2014-002

2. Committee Name Graydon Krapohl for Council

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>2,680.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>2,680.00</u>	(18.) \$ <u>2,680.00</u>
<b>4. Other Receipts (Schedule 1A -1, Column 6)</b>	(4.) \$ <u>\$0.00</u>	(19.) \$ <u>\$0.00</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>2,680.00</u>	(20.) \$ <u>2,680.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
<b>6. In-Kind Contributions (Schedule 1-IK, Column 7)</b>	(6.) \$ <u>\$0.00</u>	(21.) \$ <u>\$0.00</u>
<b>7. In-Kind Expenditures (Schedule 1B-IK, Column 6)</b>	(7.) \$ <u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
<b>EXPENDITURES</b>		
<b>8. Expenditures</b>		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$982.94</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>\$0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>\$0.00</u>	
<b>9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)</b>	(9.) \$ <u>\$982.94</u>	(23.) \$ <u>\$982.94</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
<b>10. Disbursements</b>		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>\$0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>\$0.00</u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ <u>\$0.00</u>	(24.) \$ <u>\$0.00</u>
<b>DEBTS AND OBLIGATIONS</b>		
<b>12. Debts and Obligations</b>		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>\$0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>\$0.00</u>	
<b>BALANCE STATEMENT</b>		
<b>13. Ending Balance of last report filed</b> (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$0.00</u>	
<b>14. Amount received during reporting period</b> (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>2,680.00</u>	
<b>15. SUBTOTAL Add lines 13 and 14</b>	(15.) = \$ <u>2,680.00</u>	
<b>16. Amount expended during reporting period</b> (Add lines 9 and 11)	(16.) - \$ <u>\$982.94</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>\$1,697.06</u>	*



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2014-002  
2. Committee Name Graydon Krapohl for Council

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>01/08/14</u>	
Name & Address: <u>Leah Gunn</u> <u>1308 East Stadium Blvd.</u> <u>Ann Arbor, MI 48104</u>		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>01/19/14</u>	
Name & Address: <u>Eugene O'Brien</u> <u>17 City Stroll</u> <u>Irvine, CA 92604</u>		\$ <u>1000.00</u>	\$ <u>1000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>Clover Wealth Management</u> Business Address <u>4000 Barranca Pkwy. Ste. 250 Irvine, CA 92604</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>01/19/14</u>	
Name & Address: <u>Barbara O'Brien</u> <u>213 13th St.</u> <u>Huntington Beach, CA 92648</u>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>01/28/14</u>	
Name & Address: <u>Andrew J. Krapohl</u> <u>4319 N. Weasel Trl.</u> <u>Lincoln, MI 48742</u>		\$ <u>1000.00</u>	\$ <u>1000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal **\$2,350.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2014-002  
2. Committee Name Graydon Krapohl for Council

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/15/14</u>	
Name & Address: Robert J. Sommers 2616 San Miguel Colorado Springs, CO 80909		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/17/14</u>	
Name & Address: Daffy W. White 979 Blue Jay Way Gallatin, TN 37066		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/19/14</u>	
Name & Address: John Fingerle 1316 Iroquois Pl. Ann Arbor, MI 48104		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/22/14</u>	
Name & Address: Eli A. Nathans 1110 Clague St. Ann Arbor, MI 48105		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$330.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule) \$2,680.00

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2014-002  
2. Committee Name Graydon Krapohl for Council

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>Casey Frushour</b> Address 1344 Addington Lane Ann Arbor, MI 48108 <input type="checkbox"/> Fund Raiser	Purpose: <u>web services</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/25/14</u> Date	\$ <u>437.50</u>
Expenditure #2 Name <b>Chase Bank</b> Address 1501 East Stadium Ann Arbor, MI 48104 <input type="checkbox"/> Fund Raiser	Purpose: <u>banking services</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/08/14</u> Date	\$ <u>57.94</u>
Expenditure #3 Name <b>Casey Frushour</b> Address 1344 Addington Lane Ann Arbor, MI 48108 <input type="checkbox"/> Fund Raiser	Purpose: <u>web services</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/15/14</u> Date	\$ <u>437.50</u>
Expenditure #4 Name <b>Ann Arbor Jaycees Foundation</b> Address P.O. Box 1866 Ann Arbor, MI 48107 <input type="checkbox"/> Fund Raiser	Purpose: <u>parade entry</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/01/14</u> Date	\$ <u>50.00</u>
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **\$982.94**

Grand Total of all Schedules 1B  
(Complete on last page of Schedule) **\$982.94**

Enter this total  
on line 8a of  
Summary Page