

# CANDIDATE COMMITTEE COVER PAGE

### FOR OFFICIAL USE ONLY

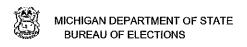
Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and ca	signed by andidate.	3. This Statement covers: fro	<sub>m</sub> 10/20/14 <sub>to</sub> 11/24/14		
1. Committee I.D. Number		Candidate Last Name First Name M.I.			
C-2014-002		Krapohl Graydon			
0.00		4a. Office Sought Including District # or Community Served (If applicable)			
2. Committee Name		Ann Arbor City Council Ward 4			
Graydon Krapohl for Council		4b. County of Residence <b>WASHTENAW</b>			
5. Committee's Mailing Address 1308 East Stadium		6. Treasurer's Name & Residential Address			
Ann Arbor, MI 48104		Leah Gunn 1308 East Stadium			
		Ann Arbor, MI 48104	0- 1		
			MASHTENAN LAWRENCE COUNTY OF		
Area Code and Phone 845-8346			TENED TENED		
If the address in this box is different from the community mailing address on the Statement of Organization, research		Ave Code & Phone			
be sent to this address by the filing official.		Area Code & Phone			
7. Treasurer's Business Address		8. Designated Record Keeper Designated Record Keeper)	's Name and Mailing Address (I) he committee that a		
			TY CAN		
			ISTER TS		
			MI O		
Area Code and Phone		Area Code and Phone			
9. TYPE OF STATEMENT			9e. Dissolution of Candidate Committee		
9a. Pre-Election OR 9b. Post-Election	Required Of is not on the	NLY if candidate ballot for the	By checking this item I/We certify any outstanding debt		
Pre-Election or Post-Election Statement relates to:	current year:		by the committee to the candidate or his or her spouse is here by discharged and forgiven and no longer collectible from		
	July Quart	erly	the committee. The committee has no outstanding assets, owes no lates fees or has any outstanding debt.		
Primary	October C	wortorky			
X General	October G	quarterry	Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.		
Convention					
Special	9c. Annua	ni Statement ()	Effective date of dissolution		
School	<u> </u>	Coverage Year	Ellective date of dissolidation		
Caucus		dment to Campaign Statement plete Item 9a, 9b, 9c or 9e to			
		te which Statement is being	Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.		
Date of Election, Convention or Caucus					
11/04/14					
		•			
			•		
10. Verification: I\We certify that all reasonable dilige my\our knowledge and belief the contents are true,	ence was used	in the preparation of this statement	ent and attached schedules (if any) and to the best of		
		I M	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Designated Record Keeper		1 Dean VI	<u>Date</u> 11/24/14		
Type or Print Name		Signature	()		
Candidate Graydon Krapohl		XINI			
Type or Print Name		Signature	-   '     -		
Authority granted under P.A. 388 of 1976		- · 🗸			

## 1. Committee I.D. Number <u>C-2014-002</u>

# SUMMARY PAGE CANDIDATE COMMITTEE

## 2. Committee Name Graydon Krapohl for Council

RECEIPTS COMINITY EE	Column I	Column II
3. Contributions	This Period	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 0.00	_
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ \$0.00	(18.) \$ \$0.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ \$0.00	(19.) \$ \$0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$0.00	(20.) \$ \$0.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$0.00	(21.) \$ \$0.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ \$0.00	(22.) \$ \$0.00
EXPENDITURES		
8. Expenditures	<b>A.</b>	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ \$0.00	-
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ \$295.25	•••
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ \$0.00	-
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ \$295.25	(23.) \$ \$295.25
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$ \$0.00	_
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.)\$ \$0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)		
DEBTS AND OBLIGATIONS	(11.) \$ \$0.00	
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.)\$_\$0.00	_
b. Owed to the Committee (Schedule 1E)	(12b.)\$ <b>\$</b> 0.00	
	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ \$1,677.06	<del></del>
(Enter zero if no previous reports have been filed.)  14. Amount received during reporting period	(14.) + \$ \$0.00	
(Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14	(15.) = \$_\$1,677.06	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <b>\$295.25</b>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ \$1,401.81	*
<u></u>		



### **EXPENDITURES FOR GET-OUT-THE VOTE ACTIVITIES**

### SCHEDULE 1 B - G

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

#### CANDIDATE COMMITTEE

Graydon Krapohl for Council 2. Committee Name

USE THIS FORM TO REPORT EXPENDITURES MADE FOR ELECTION DAY BUSING OF VOTERS TO THE POLLS, FOR SLATE CARDS, CHALLENGERS, POLL WATCHERS, POLL WORKERS, AND GET-OUT-THE VOTE ACTIVITY. Describe the specific Get-Out-The -Vote activity in

Item 4f. ALL EXPENDITURI	ES ARE REQUIRED TO BE ITEMIZED		
Name and address of person or vendor to whom the expenditure was made	4. Type of Activity	5. Date	6. Amount
Expenditure #1	a. Election Day Busing of Voters To The Polls		us.
Name & Address:			
GotPrint.com	b. Slate Cards c. Challengers		
7651 San Fenando Rd.			
	d. Poll Watchers e. Poll Workers		
Burbank, CA 91505	d. Poll Watchers e. Poll Workers	10/25/14	\$ 295.25
		Date	<u> </u>
	f. Get-Out-The Vote Activity (Specify):		
For Arthity Type h f should and	door hongoro	ick Here for Memo Ite	mization Type:
For Activity Type b-f, check one:	door hangers		
In-Kind ✓ Independent	<b></b>		
	Check box if this expenditure is payment of		
If in support of, or in opposition to, a ballot proposal, check one:	debt or obligation reported on previous statement		
Support Doppose	:		
☐ Support ☐ Oppose			
Statewide Proposal Name	Local Proposal Name	Indicate County	
Expenditure #2	Local Proposal Name	Indicate County	
Name & Address:	a. Election Day Busing of Voters To		
Traine a radiose.	The Polls		
	b. Slate Cards c. Challengers		
	d. Poll Watchers e. Poll Workers		\$
	d. Foll vyatoliels e. Floil vyolkels	Date	<u> </u>
	f. Get-Out-The Vote Activity (Specify):		
		ck Here for Memo Iter	nization Type
For Activity Type b-f, check one:			
In-Kind Independent			•
$f egin{array}{cccccccccccccccccccccccccccccccccccc$	Check box if this expenditure is payment of		
If in support of, or in opposition to, a ballot proposal, check one:	debt or obligation reported on previous statement		
Support Oppose	• · · · · · · · · · · · · · · · · · · ·		
CO C. Ma Discoursed Name			
	ocal Proposal NameInd	icate County	
Expenditure #3	Election Day Briging of Votors To		_
Name & Address:	Election Day Busing of Voters To     The Polls		
•	<u> </u>		
	b. Slate Cards c. Challengers		
•			\$
	d. Poll Watchers e. Poll Workers	Date	Ψ
	f. Get-Out-The Vote Activity (Specify):		
For Activity Type b-f, check one:	Clic	k Here for Memo Iten	nization Type
In-Kind Independent			
	Check box if this expenditure is payment of		
If in support of, or in opposition to, a ballot proposal, check one:	debt or obligation reported on previous statement		4
Support Oppose			
	•		
Statewide Proposal Name	Local Proposal Name	Indicate County	
		· · · · · · · · · · · · · · · · · · ·	205 25
			295.25
	Grand Total of all	Schedules 1B-G) \$	295.25
	(Complete on last	page or ocheque   1	

Enter total on Line 8b Summary Page



# CANDIDATE COMMITTEE COVER PAGE

### FOR OFFICIAL USE ONLY

□ Primary □ General □ Convention □ Special □ Caucus □ Caucus □ Caucus □ Date of Election, Convention or Caucus □ 11/04/14 □ 10. Verification: New certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of mytour knowledge and belief the contents are true, accurate and complete. □ Cummittee. The committee. The committee. The committee has no obtistanding assets, owes no lates fees or has any outstanding assets, owes no lates fees or has any outstanding assets, owes no lates fees or has any outstanding assets, owes no lates fees or has any outstanding assets, owes no lates fees or has any outstanding assets, owes no lates fees or has any outstanding assets, owes no lates fees or has any outstanding assets, owes no lates fees or has any outstanding assets, owes no lates fees or has any outstanding assets, owes no lates fees or has any outstanding assets, owes no lates 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.  10. Verification: NWe certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of mytour knowledge and belief the contents are true, accurate and complete.	Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.		3. This Statement covers:	om10/20/14	to 11/24/14		
A. Office Sought Intending District for Community Served (if applicable)  An Arbor City Council Ward 4  4. Dounty of Reddence WASHTENAW  5. Conmittee's Mailing Address 1308 East Stadium Ann Arbor, MI 48104  Area Code and Phone 945-8345 If the address in this box is different from the committee milling address on the Systement of Organization, mail may be sent to the address by the filting officials on the Systement of Organization, mail may be sent to the address by the filting officials on the Systement of Organization, mail may be sent to the address by the filting officials on the Systement of Organization, mail may be sent to the address by the Systement of Organization, mail may be sent to the address by the Systement of Organization, mail may be sent to the address by the Systement of Organization, mail may be sent to the address by the Committee of the C			4. Candidate Last Name		First Name	M.I.	
2. Committee Name Graydon Krapohl for Council 5. Committee's Mailing Address 1. Council Was Stadium Ann Arbor, MI 48104  Area Code and Phone 4. Council Was Stadium Ann Arbor, MI 48104  Area Code and Phone 5. Treasurer's Business Address  8. Designated Record Keeper's Name and Mailing Address (the Committee our search to the Statement of Organization, real may be sent to this address by the filing difficult or search to the Statement of Organization, real may be sent to this address by the filing difficult or search to the address by the filing difficult or search to the address by the filing difficult or search to the address by the filing difficult or search to the address by the filing difficult or search to the address by the filing difficult or search to the statement of Organization, real may be sent to this address by the filing difficult or search to the statement of Organization, real may be sent to this address by the filing difficult or search to the statement of Organization, real may be sent to the statement of Organization, real may be sent to this address by the filing difficult or the our search of the presentation of Committee to the Committee of the Organization of Committee or the Committee of the Organization of Committee or the Committee of the Organization of Committee or the Committee or t	C-2014-002		Krapohl Graydon				
Graydon Krapohl for Council  5. Committee's Malling Address 1308 East Stadium Ann Arbor, MI 48104  Area Code and Phone 845-8346 If the address in this box is different from the committee malling address in the Statement of Organization, mail may be sent to this address by the filing official.  7. Treasurer's Business Address  Area Code and Phone  9. Type of STATEMENT 9a.    Pre-Election Or Post-Election or Post	O Committee Name		<u> </u>				
S. Committee's Malling Address 1308 East Stadium Ann Arbor, MI 48104  Area Code and Phone 845-8346 If the address he his box is different from the committee malling address on the Statement of Organization, mall may be sent to this doction of Organization, mall may be sent to this doction of Organization, mall may be sent to this doction of Organization, mall may be sent to this address by the filing official.  7. Treasurer's Business Address  8. Designated Record Keeper's Name and Malling Address(if the committee or Designated Record Keeper)  8. Designated Record Keeper's Name and Malling Address(if the committee or Designated Record Keeper)  9. TYPE OF STATEMENT 9a. Pre-Election OR 9b. Post-Election is not on the ballot for the committee to the and class to import the ballot for the committee to the and classified or rise or her spouse is here by discharged and forgiven and no longer collectible from the committee. 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 the candidate or his or her spouse is here by discharged and forgiven and no longer collectible from the committee. The committee the candidate or his or her spouse is here by discharged and forgiven and no longer collectible from the committee. The committee the candidate or his or her spouse is here by discharged and forgiven and no longer collectible from the committee to the and discharged and forgiven and no longer collectible from the committee to the candidate or his or her spouse is here by discharged and forgiven and no longer collectible from the committee or his or her spouse is here by discharged and forgiven and no longer collectible from the committee or his or her spouse is here by discharged and forgiven and no longer collectible from the committee or his or her spouse is here by discharged and forgiven and no longer collectible from the committee or his or her spouse is here by discharged and forgiven and no longer collectible from the c	2. Committee Name		Ann Arbor City Council Ward 4				
Leafing Gunn 1308 East Stadium Ann Arbor, MI 48104  Area Code and Phone 845-8346  If the address in this box is different from the committee in the position of the address by the filting official.  7. Trosaurer's Business Address  B. Designated Record Keeper's Name and Mailing Address  B. Designated Record Ke	Graydon Krapohl for Council	·	4b. County of Residence WA	SHTENAW	<b>52</b>		
Area Code and Phone 845-8346  Area Code and Phone 945-8346  Area Code and Phone 95-8346  Area Code and Phone 95-8346  Area Code and Phone 95-8346  Area Code and Phone 95-83466  Area Code and Phone 95-834666  Area Code and Phone 95-8346666  Area Code and Phone 95-8346666  Area Code and Phone 95-83466666  Area Code and Phone 95-83466666  Area Code and Phone 95-834666666666666666666666666666666666666			1	ential Address			
Area Code and Phone 845-8346 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 filting official.  7. Treasurer's Business Address  8. Designated Record Keeper's Name and Mailing Address of the committee of the committee of the Code and Phone  9. TYPE OF STATEMENT  9c.   Pre-Election OR 9b.     Post-Election Pre-Election or Post-Election or Post-El	1		<b></b>				
Area Code and Phone 945-8346  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 portical.  7. Treasurer's Business Address  8. Designated Record Keeper's Name and Mailing Address (it the committee)  9. TYPE OF STATEMENT  9a. Pre-Election OR 9b. Post-Election  Pre-Election or Post-Election Statement relates to:    Primary   October Quarterly   October Quarter	All Albor, Wil 40104			1	O		
8. Designated Record Keeper's Name and Mailing Address (if the committeer a Designated Record Keeper)  Area Code and Phone  9. TYPE OF STATEMENT 9a. Pre-Election OR 9b. Pre-Election Pre-Election OR 9b. Pre-Election Statement relates to:				•	C S	**	
8. Designated Record Keeper's Name and Mailing Address (if the committeer a Designated Record Keeper)  Area Code and Phone  9. TYPE OF STATEMENT 9a. Pre-Election OR 9b. Pre-Election Pre-Election OR 9b. Pre-Election Statement relates to:	845-8346					SH.	
8. Designated Record Keeper's Name and Mailing Address (if the committeer a Designated Record Keeper)  Area Code and Phone  9. TYPE OF STATEMENT 9a. Pre-Election OR 9b. Pre-Election Pre-Election OR 9b. Pre-Election Statement relates to:	If the address in this box is different from the comm	ittee			38 <b>8</b>	<u>a</u> .	
8. Designated Record Keeper's Name and Mailing Address (iff the committeed by Designated Record Keeper's Name and Mailing Address (iff the committeed by Designated Record Keeper's Name and Mailing Address (iff the committeed by Designated Record Keeper's Name and Mailing Address (iff the Committee base)  Area Code and Phone  9. TYPE OF STATEMENT  9a. Pre-Election OR 9b. X Post-Election Pre-Election OR 9b. X Post-Election Designated Record Keeper's Name and Mailing Address (iff the Committee base)  Pre-Election OR 9b. X Post-Election Pre-Election OR 9b. X Post-Election Designated Record Keeper's Name and Mailing Address (iff the Committee base)  Pre-Election OR 9b. X Post-Election Pre-Election OR 9b. X Post-Election Pre-Election or Post-Election Statement relates to:    Primary	be sent to this address by the filing official.	mali may	Area Code & Phone				
Area Code and Phone  9. TYPE OF STATEMENT 9a.	7. Treasurer's Business Address		8. Designated Record Keeper	r's Name and Ma	ailing Address of the commi	a Sakeenti	
Area Code and Phone	·		Designated Record Keeper)		<u>हिन्</u> <b>ए</b>	20	
Area Code and Phone						ΥT	
Area Code and Phone						3	
9. TYPE OF STATEMENT 9a.					<b>₹</b> 0.		
9. TYPE OF STATEMENT 9a.	·						
Pre-Election OR 9b. X Post-Election Pre-Election OR 9b. X Post-Election or the ballot for the cort of the cort	Area Code and Phone	<u></u>	Area Code and Phone			_	
Pre-Election OR 9b.   Post-Election   Is not on the ballot for the current year:   Is not on the ballot for the confidered and forgiven and no longer collectible from the committee.   Is not on the ballot for the confidered and forgiven and no longer collectible from the committee.   Is not on the ballot for the confidered and forgiven and no longer collectible from the committee.   Is not on the ballot for the confidered and forgiven and no longer collectible from the committee.   Is not on the ballot for the committee.   Is not on	9. TYPE OF STATEMENT	Danier d Ob	II V '6 11-4-4-	9e. Dissoluti	on of Candidate Committe	ee	
Pre-Election or Post-Election Statement relates to:    Primary	9a. Pre-Election OR 9b. Post-Election	is not on the	ballot for the	By checki	ng this item I/We certify any tee to the candidate or his c	y outstanding debt or her spouse is here	
Primary   October Quarterly   Owes no lates fees or has any outstanding debt.	Pre-Election or Post-Election Statement relates to:		•		by discharged and forgiven and no longer collectible from		
Convention   Graydon Krapohl   Special   9c.   Annual Statement (   Coverage Year   School   9d.   Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)   School   School   Other Print Name   Signature   Date   Candidate	☐Primary	July Quart	erly				
Special   9c.   Annual Statement ()   Coverage Year   School   9d.   Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)   Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.   Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.   Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.   Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.   Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.   Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.   Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.   Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.   Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.   Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.   Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.   Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.   Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.   Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.   Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.   Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.   Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.   Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.   Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.   Note: The disposition of residual	☑ General	October Q	tuarterly	Further, if the o	lissolution cannot be grante	ed, that this be	
Caucus   Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)   Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	Convention			considered a re	equest for the Reporting Wa	aiver.	
□ School □ Caucus □ Coverage Year  9d. □ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)  Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.  10. Verification: IWe certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of mylour knowledge and belief the contents are true, accurate and complete.  Current Treasurer or Designated Record Keeper □ Leah Gunn □ Type or Print Name □ Signature □ Date	☐Special	9c. Annua	al Statement ( )		•		
Date of Election, Convention or Caucus  11/04/14  10. Verification: NWe 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  Candidate  Graydon Krapohl  Type or Print Name  Signature  Candidate  Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)  Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.  Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.  Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	School ·	_	` <u> </u>	Effec	ctive date of dissolution		
Date of Election, Convention or Caucus  11/04/14  10. Verification: IWe certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of mylour knowledge and belief the contents are true, accurate and complete.  Current Treasurer or Designated Record Keeper  Type or Print Name  Candidate  Graydon Krapohl  Type or Print Name  Signature  Note: The disposition or residual funds must be reported on Schedule 1B and the Summary Page.  Note: The disposition or residual funds must be reported on Schedule 1B and the Summary Page.  Note: The disposition or residual funds must be reported on Schedule 1B and the Summary Page.	Caucus			<u></u>			
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Current Treasurer or Designated Record Keeper  Candidate  Candidate  Candidate  Current Treasurer or Designated Record Keeper  Type or Print Name  Signature  Date  Date	11/04/14						
Current Treasurer or Designated Record Keeper  Candidate  Candidate  Candidate  Current Treasurer or Designated Record Keeper  Type or Print Name  Signature  Date  Date			·				
Current Treasurer or Designated Record Keeper  Candidate  Candidate  Candidate  Current Treasurer or Designated Record Keeper  Type or Print Name  Signature  Date  Date	do Markantana Netanare a da un	<u> </u>	to the consequence of the second	1 1 2 1	1 1 1 1 1	U bt	
Designated Record Keeper Learr Guilli / Date Date Date Date Date Date Date Date	my\our knowledge and belief the contents are true, a	ence was used accurate and co	in the preparation of this statem emplete.	ent and attached	a scnedules (if any) and to t	ine dest of	
Candidate Graydon Krapohl Type or Print Name  Signature  Date  Date	Current Treasurer or Designated Record Keeper Leah Gunn		, Beak X	/wan/	Date 11/25	1/14	
Type or Print Name Signature	Type or Print Name		Signature	$O^{-}$		<u> </u>	
	Candidate Graydon Krapohl		Model	4		14	
			Signature		<u>' / '                                  </u>		

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

## **SUMMARY PAGE**

## 2. Committee Name Graydon Krapohl for Council

RECEIPTS CANDIDATE COMMITTEE	Column I This Period	Column II Cumulative this election cycle
3. Contributions		Odminiative tille election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 0.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ <b>\$0.00</b>	(18.) \$ \$0.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ \$0.00	(19.) \$ \$0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$0.00	(20.) \$ \$0.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$0.00	(21.) \$ \$0.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ \$0.00	(22.) \$ \$0.00
EXPENDITURES		
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a. Itemized (Schedule 1B, Column 6)	(8a.) \$ \$0.00	•
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ \$295.25	-
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <b>\$0.00</b>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ \$295.25	(23.) \$ \$295.25
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$ \$0.00	-
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ \$0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ \$0.00	(24.) \$ \$0.00
DEBTS AND OBLIGATIONS 12. Debts and Obligations	, , , , , , , , , , , , , , , , , , ,	
a. Owed by the Committee (Schedule 1E)	(12a.)\$_\$0.00	_
b. Owed to the Committee (Schedule 1E)	(12b.)\$ \$0.00	
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	### ##################################	*



### **EXPENDITURES FOR GET-OUT-THE VOTE ACTIVITIES**

#### **SCHEDULE 1 B - G**

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

#### **CANDIDATE COMMITTEE**

Graydon Krapohl for Council 2. Committee Name

USE THIS FORM TO REPORT EXPENDITURES MADE FOR ELECTION DAY BUSING OF VOTERS TO THE POLLS, FOR SLATE CARDS, CHALLENGERS, POLL WATCHERS, POLL WORKERS, AND GET-OUT-THE VOTE ACTIVITY. Describe the specific Get-Out-The -Vote activity in

	ES ARE REQUIRED TO BE ITEMIZED		
<ol> <li>Name and address of person or vendor to whom the expenditure was made</li> </ol>	4. Type of Activity	5. Date	6. Amount
Expenditure #1	a. Election Day Busing of Voters To The Polls	 }	
Name & Address:			
GotPrint.com	b. Slate Cards c. Challengers		
7651 San Fenando Rd.	herened Emmet		
Burbank, CA 91505	d. Poll Watchers e. Poll Workers	40/05/44	205.25
bulling of to too		10/25/14	\$ <u>295.25</u>
	f. Get-Out-The Vote Activity (Specify):	Date	
For Activity Type b-f, check one:	door hangers	lick Here for Memo l	temization Type
	door nangoro		
☐ In-Kind Independent	Charle have if this avanaditure is payment of		
If in support of, or in opposition to, a ballot proposal, check one:	Check box if this expenditure is payment of debt or obligation reported on previous statement	t	
Support Oppose			
Statewide Proposal Name	Local Proposal Name	Indicate County	
Expenditure #2	Г		
Name & Address:	a. Election Day Busing of Voters To		
	The Polls b. Slate Cards c. Challengers		
			\$
	d. Poll Watchers e. Poll Workers	Date	. • • ———
	f. Get-Out-The Vote Activity (Specify):		
	Cit	ick Here for Memo It	emization Type
For Activity Type b-f, check one:			
In-Kind Independent	FT	•	
If in support of, or in opposition to, a ballot proposal, check one:	Check box if this expenditure is payment of	L	
Support Oppose	debt or obligation reported on previous statement		
			•
	ocal Proposal Name Inc	dicate County	
Expenditure #3 Name & Address:	a. Election Day Busing of Voters To		
runo di ricciossi.	The Polls		
•	b. Slate Cards c. Challengers		
	d. Poll Watchers e. Poll Workers	 Date	\$
	f. Get-Out-The Vote Activity (Specify):	Date	
For Activity Type b-f, check one:		ck Here for Memo Ite	emization Type
		K Here for Memoria	anization Type
In-Kind Independent	Check box if this expenditure is payment of		
If in support of, or in opposition to, a ballot proposal, check one:	debt or obligation reported on previous statement		
Support Oppose			
_			
Statewide Proposal Name		Indicate County	
	•	Subtotal this page	\$295.25
	Grand Total of al	Schedules 1B-G) page of Schedule	\$295.25
	(Complete on last	. page of Schedule [	Ψ200.20

Enter total on Line 8b Summary Page