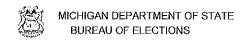


## CANDIDATE COMMITTEE COVER PAGE

#### FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and c	f signed by andidate.	3. This Statement covers Fron	n: 07/18/16 to 08/22/16		
1. Committee I.D. Number		4. Candidate Last Name	First Name M.1.	_	
C-2014-002		Krapohl	Graydon		
2. Committee Name		4a. Office Sought Including District # or Community Served (If applicable)			
		Ann Arbor City Counc	il Ward 4		
Graydon Krapohl for City C	Council	4b. County of Residence WA	SHTENAW		
5. Committee's Mailing Address		6. Treasurer's Name & Reside	ential Address	_	
2115 Nature Cove Ct. No. 207		Leah Gunn	NA NA		
Ann Arbor, MI 48104		Leah Gunn 2115 Nature Cove Ct. No. 207 Ann Arbor, MI 48104			
		Ann Arbor, MI 48104			
(734) 845.8346					
Area Code and Phone (734) 845-8346 If the address in this box is different from the comm		-	RACES CO		
mailing address on the Statement of Organization, i be sent to this address by the filing official.	mail may	Area Code & Phone (734) 84	45-8346 PER A		
7. Treasurer's Business Address		8. Designated Record keeper's Name and Mailing Address # the committee has a			
		Designated Record keeper)			
Area Code and Phone		Area Code and Phone			
9. TYPE OF STATEMENT			9e. Dissolution of Candidate Committee		
9a. Pre-Election OR 9b. Post-Election	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 he by discharged and forgiven, and no longer collectible from	:ге	
	July Quart	ierly	the committee. The committee has no oustanding assets, owes no lates fees or has any oustanding debt.		
☑Primary —	October Q	Nuortoriu	and the same services of the same services and same services are same services and same services and same services are same services and same services and same services are same services and same services and same services are same services are s		
General	October G	quarterry	Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.		
Convention			considered a request for the reporting velicer.		
Special	9c. Annua	al Statement ( )			
School		Coverage Year	Effective date of dissolution		
Caucus	9d. Amen	dment to Campaign Statement	<del></del>		
<del></del>		plete Item 9a, 9b, 9c or 9e to te which Statement is being	Note: The disposition of residual funds must be reported on		
	ameno	ded.)	Schedule 1B and the Summary Page.		
Date of Election, Convention or Caucus					
11/08/16					
<ol> <li>Verification: I\We certify that all reasonable dilige my\our knowledge and belief the contents are true, a</li> </ol>	ence was used accurate and co	in the preparation of this statemomplete.	ent and attached schedules (if any) and to the best of		
Current Treasurer or Leah Gunn		. Lonh	Tuna 8/22/16		
Designated Record keeper Type or Print Name	<del></del>	Sighature /	Date OIZZI TO		
,		July 1 Lin	() 1/20/11		
Candidate Graydon Krapohl		Jero14V	Date 8/29/10		
Type or Print Name		Signature			

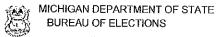


1. Committee I.D. Number <u>C-2014-002</u>

#### SUMMARY PAGE **CANDIDATE COMMITTEE**

2. Committee Name Graydon Krapohl for City Council

CANDIDATE COMMITTEE		<u> </u>
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		ournature the diodion syste
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ _505.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$NOT APPLICABLE	
<sup>№</sup> c. Subtotal of "Contributions"	(3c.) \$_\$505.00	(18.) \$ _\$505.00
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.) \$ \$505.00	(20.) \$ \$505.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$133.68	(21.) \$ \$133.68
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ \$0.00	(22.) \$ .000
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ \$3,156.72	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ \$0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ \$0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ \$3,156.72	(23.) \$ \$3,156.72
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)	· · · <u></u>	
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	(24.) \$ \$0.00
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$\$0.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _\$0.00	
<ul> <li>13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)</li> <li>14. Amount received during reporting period (Line 5, Total Contributions &amp; Other Receipts)</li> <li>15. SUBTOTAL Add lines 13 and 14</li> <li>16. Amount expended during reporting period (Add lines 9 and 11)</li> </ul>	BALANCE STATEMENT  (13.) \$ \$4,806.72  (14.) + \$ \$638.68  (15.) = \$ \$5,445.40  (16.) - \$ \$3,156.72	-
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ \$2,288.68	.*

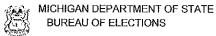


#### **ITEMIZED CONTRIBUTIONS SCHEDULE 1A**

#### **CANDIDATE COMMITTEE**

2. Committee Name Graydon Krapohl for City 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)
Contribution # 1 PAC Receipt?  Name & Address:	YES 4. Date of Reco	eipt 07/26/16		
Peter Honeyman 112 S. Fourth Ave. Ann Arbor, MI 48104			<sub>\$</sub> 50.00	<sub>\$</sub> 50.00
5. If over \$100.00 cumulative, please provide			Click Here f	or Memo Itemization
	Employer			
Business Address  Type of Contribution:   Direct	Loan from a person	Fund Raiser		
3. Contribution #2 PAC Receipt? Name & Address	YES 4. Date of Rece	ipt 07/26/16		
John Fingerle 1316 Iroquois Pl. Ann Arbor, MI 48104			<sub>\$</sub> 75.00	<sub>\$</sub> 75.00
5. If over \$100.00 cumulative, please provide	:		Click Here fo	or Memo Itemization
Occupation Em	ployer	<del></del>		
Business Address				
Type of Contribution:	oan from a person	Fund Raiser		
Contribution #3 PAC Receipt?  Name & Address:	YES 4. Date of Rece	eipt 07/30/16		
Brigette Maasen 1178 Heather Way Ann Arbor, MI 48104			\$ 50.00	§ 50.00
5. If over \$100.00 cumulative, please provide:			Click Here for	Memo Itemization
Occupation En	mployer			
Business Address Type of Contribution:  Direct	oan from a person	Fund Raiser		
3. Contribution # 4 PAC Receipt? Name & Address	YES 4. Date of Reco	eipt 07/30/16		·
Adrienne Malley 1326 S. Forest Ann Arbor, MI 48104			<sub>\$</sub> _100.00	<sub>\$</sub> _200.00
5. If over \$100.00 cumulative, please provide:			Click Here for	Memo Itemization
Occupation Retired	Employer	· · · · · · · · · · · · · · · · · · ·		į
Business Address				
Type of Contribution: V Direct	oan from a person	Fund Raiser		, , , , , , , , , , , , , , , , , , ,
•		Page Subtotal	\$375.00	
		and Total of All Schedules 1A		
Page 1 of 2	(Comp	lete on last page of Schedule) <sup>[</sup>	Enter this total on line 3a of Summary Page.	.1



#### **ITEMIZED CONTRIBUTIONS SCHEDULE 1A**

#### **CANDIDATE COMMITTEE**

2. Committee Name Graydon Krapohl for City 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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/30/16		, , , , , , , , , , , , , , , , , , , ,
Eli Nathans		
1210 Clague St.	<sub>s</sub> 30.00	<sup>2</sup> 30.00
Ann Arbor, MI 48103	\$ 30.00	§ 30.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer	Official residence re	i Wellio Itellization
Business Address		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/12/16 Name & Address		
Stephen Rapundalo 3106 Bluett Ann Arbor, MI 48105	<sub>\$</sub> 50.00	<sub>\$</sub> 50.00
5. If over \$100.00 cumulative, please provide:	Click Here for	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 08/12/16 Name & Address:		
Berbard A. Benet 838 Heather Way Ann ASrbor, MI 48104	ş 50.00	<sub>\$</sub> 50.00
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address		
	\$	\$
5. If over \$100.00 cumulative, please provide:	Click Horo for	Memo Itemization
Occupation Employer	Click Here to	Wellio itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	\$130.00	
ľ	\$505.00	
(Complete on last page of Schedule)	Enter this total on	I
Page 2 of 2	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 City Council

3. Name and address of person or vendor to whom paid	Purpose (Required Information)	5. Date	6. Amount
Expenditure #1		<u></u>	**************************************
Name PayPal		07/27/16	\$ 16.03
Address	Purpose: Transaction Fees	Date	<del></del>
2211 North 1st St.	Click F	lere for Memo	Itemization Type
San Jose, CA 95131	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name Messenger Printing		07/21/16	\$ 1020.02
Address	Purpose: Printing	Date	
20136 Ecorse Rd.	Click H	lere for Memo	Itemization Type
Taylor, MI 48180	Charle have if this averagitives is navement of		
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name Messenger Printing		07/29/16	\$ 1219.06
Address	Purpose: Printing	Date	
20136 Ecorse Rd.		oro for Momo	Itemization Type
Taylot. MI 48180		CIC IOI MICITIO	iteritization rype
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name Office Max		07/30/16	
Address	Purpose: Office Supplies	Date	\$ <u>18.00</u>
2777 Oak Valley			
Ann Arbor, MI 48103	<b>.</b>	ere for Memo	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name Facebook		07/29/16	0 4 44 **70
Address	Purpose: Internet Services	Date	\$ <u>141.73                                    </u>
1 Hacker Way, Bldg. 14, 1st Floor	Click H.	ara for Mamo	temization Type
Menlo Park, CA 94025	Check box if this expenditure is payment of	SIC IOI WICITIO	termedion type
Fund Raiser	debt or obligation reported on previous statement		
<del>-</del>	Subtote	al this page	\$2,414.84
	Grand Total of all S (Complete on last page	1	
	, , , ,	΄ ι	

Enter this total on line 8a of Summary Page

Page 1 of 2



#### ITEMIZED EXPENDITURES **SCHEDULE 1B** CANDIDATE COMMITTEE

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

2. Committee Name Graydon Krapohl for City Council

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
	4.1 drpose (required information)	J. Date	o. Amount
Expenditure #1			
Name Lucky's		07/26/16	\$ 86.33
Address	Purpose: Reception	Date	·
1919 S. Industrial			
Ann Arbor, MI 48104	Click t	lere for Memo	Itemization Type
Alli Alboi, Mi 40 104	Check box if this expenditure is payment of		•
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2	otatornom		
Name Mediterrano		08/02/16	
Mediterrano			\$ 652.05
Address	Purpose: Reception	Date	
2900 S. State St.	·	1 for \$4	Hamain adda in Tama
Ann Arbor, MI 48108	CHCK F	iere for ivierno	Itemization Type
7 (1177 (1501), 101 101 100	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3	- Clater Morte		
Name DayDol			•
Name PayPal		08/02/16	\$ 3.50
Address	Purpose: Transaction Fees	Date	
2211 North 1st St.		6 1. 6	
San Jose, CA 95131		ere tor ivierno i	temization Type
	L_Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name			
		 Date	\$
Address	Purpose:	Duio	
	Okala M		taurimatian Trus
		ere for iwerno i	temization Type
<u>-</u>	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name			
	E		\$
Address	Purpose:	Date	
	. Click H	ere for Memo I	temization Type
	Check box if this expenditure is payment of		*-
Fund Raiser	debt or obligation reported on previous statement		
		-1 41-1- v	
, \	Subtot	al this page	\$741.88
	Grand Total of all S	3	\$3,156.72
	(Complete on last page	of Schedule)	Ψ0, 100.72

Enter this total on line 8a of Summary Page

2 of 2



### **ITEMIZED IN-KIND CONTRIBUTIONS**

**SCHEDULE 1-IK** 

1. Committee I. D. Number C-2014-0

~ · · · · · · · · · · · · · · · · · · ·		
CANDIDATE COMMITTEE	2. Committee Name	Graydon Krapohl for City Council

O/ ((1D1D/ () E OOIIII)			
Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address:	4. Endorsement or Guarantee of Bank Loan		
Christopher Taylor 1505 Brooklyn Ann Arbor, MI 48104	Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others Coods or Services Purchased by Candidate or Others-LOAN	22.53	22.53
If over \$100.00 cumulative, please provide: Occupation:	Description Internet Services	-	
Employer Name & Business Address:	5. Date Of Receipt: 07/30/16		
	Vertical Response 50 Beale St.	ick Here for Memo Ito	emization
Fund Raiser Contribution	San Francisco, CA 94105		
Contribution # 2 PAC Receipt? Yes Name & Address Leah Gunn 2115 Nature Cove Ct.	Goods or Services Purchased by Candidate or Others	111.15 \$	111.15
Ann Arbor, MI 48104  If over \$100.00 cumulative, please provide:  Occupation: Retired  Employer Name & Address:	Goods or Services Purchased by Candidate or Others- LOAN  Description Office Supplies  5. Date Of Receipt:  6. Vendor Name & Address:		
Fund Raiser Contribution	Office Max 2777 Oak Valley Rd. Ann ASrbor, MI 48108	ick Here for Memo Ite	emization
Contribution #3 PAC Receipt? Yes Name & Address:	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN	\$_	
If over \$100.00 cumulative, please provide:	Description		
Occupation:			
Employer Name & Address:	5. Date Of Receipt:  6. Vendor Name & Address:		
	Ct	ick Here for Memo Ite	emization
Fund Raiser Contribution			
	Page Subtotal	\$133.68	\$133.68
	Grand Total of all Schedules 1-li (Complete on last page of Schedule		
		Enter this total	

on line 6 of Summary Page

Page 1 of 1