

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 or	d signed by andidate.	3. This Statement covers Fron	^{1:} 08/23/16 _{to} 10	0/23/16			
1. Committee I.D. Number		4. Candidate Last Name	First Name	M.I.			
C-2014-002		Krapohl Graydon					
O. Committee Name		4a. Office Sought Including District # or Community Served (If applicable)					
2. Committee Name		Ann Arbor City Council Ward 4					
Graydon Krapohl for City Council		4b. County of Residence WASHTENAW					
5. Committee's Mailing Address		6. Treasurer's Name & Reside	ential Address	3 3			
2115 Nature Cove Ct. No. 207		Trean Linn					
Ann Arbor, MI 48194		2113 Nature Cove Ct. No. 207					
		Ann Arbor, MI 4819	72.5	2 3			
Area Code and Phone (734) 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 filing official.				열 . 35			
			: :				
		Area Code & Phone (734) 845-8346					
7. Treasurer's Business Address		Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)					
				•			
	4		•				
Area Code and Phone		Avec Code and Dhana					
Area Code and Phone		Area Code and Phone	9e. Dissolution of Candida	te Committee			
Pre-Election OR 9b. Post-Election is not on the current year: Pre-Election or Post-Election Statement relates to:		NLY if candidate	Dy checking this item MA	lo godify any systemating dobt			
			L_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 oustanding assets,				
		tortu					
☐ Primary	July Quari	terry	owes no lates fees or has any	oustanding debt.			
☑ General ☐ October Q		Quarterly	Further, if the dissolution cann	ot be granted, that this be			
Convention			considered a request for the R	eporting Waiver.			
Special	9c. 🗀 .						
School	Annua L	al Statement () Coverage Year	Effective date of dis	solution			
	Amen	idment to Campaign Statement		<u> </u>			
Comp (Comp		plete Item 9a, 9b, 9c or 9e to te which Statement is being	Note: The disposition of residual funds must be reported on				
	amend	v	Schedule 1B and the Summa				
Date of Election, Convention or Caucus							
11/08/16							
		,					
 Verification: I\We certify that all reasonable dilige my\our knowledge and belief the contents are true, 	ence was used accurate and co	in the preparation of this statem omplete.	ent and attached schedules (if a	any) and to the best of			
Current Treasurer or Designated Record keeper Leah Gunn		York //In	m /	10/90/11			
Type or Print Name	c	Signature	Date -	10/03/10			
Graydon Kranchi		M-Me/		10/23/16 m1-16/16			
Candidate Graydon Krapohl	· ·	1 May 4	Date .	10/0/14			
Type or Print Name		Signature (, 1			

	Committee I.D. N	ا معطمونا	C-2(1	4-	0	0	2
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SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name Graydon Krapohl for City Council

CANDIDATE COMMITTEE	2. Committee Name Graydon Krapo	
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>0.00</u>	-
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		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ \$0.00	_
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.) \$ \$0.00	(23.) \$ \$0.00
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) 	### BALANCE STATEMENT (13.) \$ \$2,055.00 (14.) + \$ \$0.00 (15.) = \$ \$2,055.00 (16.) - \$ \$0.00 (17.) \$ \$2,055.00	*