



**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.

3. This Statement covers From: 4-29-16 to 07-17-16

1. Committee I.D. Number
C-2016-091

4. Candidate Last Name **Leeser** First Name **Kevin** M.I. **W**

2. Committee Name
Kevin Leeser for Council

4a. Office Sought Including District # or Community Served (If applicable)
Board Member - Local

4b. County of Residence **WASHTENAW**

5. Committee's Mailing Address
**309 south 7th
Ann Arbor, Mi 48103**

6. Treasurer's Name & Residential Address

**Kevin W Leeser
309 South 7th
Ann Arbor Mi, 48103**

Area Code and Phone 734-358-0138
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.

Area Code & Phone 734-358-0138

7. Treasurer's Business Address

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Area Code and Phone _____

Area Code and Phone _____

9. TYPE OF STATEMENT

9a. Pre-Election OR 9b. Post-Election

Required ONLY if candidate is not on the ballot for the current year:

9e.

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 lates fees or has any outstanding debt.

Pre-Election or Post-Election Statement relates to:

- Primary
- General
- Convention
- Special
- School
- Caucus

July Quarterly

October Quarterly

9c. Annual Statement (_____) Coverage Year

9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

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.

Date of Election, Convention or Caucus

Aug 2, 2016

10. Verification: 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 Kevin Leeser
Type or Print Name

Kevin Leeser
Signature

Jul, 20, 2016
Date

Candidate Kevin Leeser
Type or Print Name

Kevin Leeser
Signature

Jul, 20, 2016
Date



1. Committee I.D. Number C-2016-091

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Kevin Leeser for Council

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>925.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>925.00</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0</u>	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>925</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>390.00</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>763.25</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>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>763.25</u>	(23.) \$ _____
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ _____	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>925.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>925.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>763.25</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>161.75</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

C-2016-091

CANDIDATE COMMITTEE

1. Committee I.D. Number

2. Committee Name **Kevin Leaser 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>5-6-16</u> Name & Address: Mary Hathaway 1407 Wakefield Ann Arbor Michigan, 48103-4603 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	50.00 \$ _____	\$ _____ Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4-29-16</u> Name & Address: Allan Fendt 2113 Arborview Blvd Ann Arbor Michigan 48103 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	100.00 \$ _____	\$ _____ Click Here for Memo Itemization
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-8-16</u> Name & Address: Jerry Heineker 2989 Hickory Lane Ann Arbor 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	50.00 \$ _____	\$ _____ Memo Itemization Below
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/12/16</u> Name & Address: Dawn Bizzell 1614 Longshore Drive Ann Arbor Mi 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	25.00 \$ _____	\$ _____ Memo Itemization Below

Page Subtotal **\$ 225.00**

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**

C-2016-091

1. Committee I.D. Number

Kevin Leeser for Council

2. Committee Name

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)
<p>3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-8-16</u></p> <p>Name & Address:</p> <p>Scott Newell aka Big City Small World Bakery 500 Miller Ave # 1 Ann Arbor, Mi, 48103</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>100.00</p> <p>\$ _____</p>	<p>\$ _____</p> <p>Click Here for Memo Itemization</p>
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6-20-16</u></p> <p>Name & Address</p> <p>Alicia Gbur 27 Oakdale Boulevard Pleasant Ridge, MI, 48069</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>25.00</p> <p>\$ _____</p>	<p>\$ _____</p> <p>Click Here for Memo Itemization</p>
<p>3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6-21-16</u></p> <p>Name & Address:</p> <p>Anne Brod 1310 Russell Road Ann Arbor, MI, 48103</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>100.00</p> <p>\$ _____</p>	<p>\$ _____</p> <p>Memo Itemization Below</p>
<p>3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-4-16</u></p> <p>Name & Address</p> <p>Scott Jacobs 2326 W. Medill Ave. Chicago, IL, 60647</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>25.00</p> <p>\$ _____</p>	<p>\$ _____</p> <p>Memo Itemization Below</p>

Page Subtotal \$ 250.00

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-2016-091
2. Committee Name Kevin Leeser 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>7-7-16</u>	
Name & Address: Jason Kosnoski 606 Brooks Street Ann Arbor, MI, 48103		25.00 \$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution:	<input checked="" type="checkbox"/> Direct	<input type="checkbox"/> Loan from a person	<input type="checkbox"/> Fund Raiser
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7-11-16</u>	
Name & Address: Tanya Hilgendorf 3480 ashburnam ann arbor, MI, 48105		100.00 \$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution:	<input checked="" type="checkbox"/> Direct	<input type="checkbox"/> Loan from a person	<input type="checkbox"/> Fund Raiser
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7-11-16</u>	
Name & Address: Meredith Kadlec 352 North Orlando Avenue Los Angeles, CA, 90048		50.00 \$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Memo Itemization Below	
Type of Contribution:	<input checked="" type="checkbox"/> Direct	<input type="checkbox"/> Loan from a person	<input type="checkbox"/> Fund Raiser
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7-11-16</u>	
Name & Address: Sara Lupkas 138 Ashley Mews Dr ANN ARBOR, MI, 48104		25.00 \$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Memo Itemization Below	
Type of Contribution:	<input checked="" type="checkbox"/> Direct	<input type="checkbox"/> Loan from a person	<input type="checkbox"/> Fund Raiser

Page Subtotal 200.00
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**

C-2016-091

1. Committee I.D. Number

Kevin Leeser for Council

2. Committee Name

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.

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 7-14-16

Name & Address:
Robert Putnam
165 Egret Street
Covington, LA, 70433

6. Amount \$ 25.00

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ _____

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7-14-16

Name & Address:
Christopher Hewett
553 South 7th St
Ann Arbor, MI, 48103-4760

6. Amount \$ 25.00

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ _____

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 7-15-16

Name & Address:
Shannon Watters
7032 Apperson Street
Los Angeles, CA, 91042,

6. Amount \$ 25.00

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ _____

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

Memo Itemization Below

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 7-19-16

Name & Address:
Sivana Heller
PO Box 3769
Ann Arbor, MI, 48106

6. Amount \$ 75.00

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ _____

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

Memo Itemization Below

Page Subtotal **150.00**

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**

C-2016-091

1. Committee I.D. Number _____

Kevin Leeser for Council

2. Committee Name _____

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>7-1-16</u> Name & Address: John Floyd 519 Sunset Ann Arbor, Mi, 48103	100.00 \$ _____	\$ _____
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 _____ Name & Address:	\$ _____	\$ _____
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 # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address:	\$ _____	\$ _____
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		Memo Itemization Below
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address:	\$ _____	\$ _____
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		Memo Itemization Below

Page Subtotal	100.00
Grand Total of All Schedules 1A (Complete on last page of Schedule)	925.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

C-2016-091

1. Committee I. D. Number _____
Kevin Leeser for Council
2. Committee Name _____

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Squarespace Inc Address 459 Broadway, 5th Floor New York, NY 10013 <input type="checkbox"/> Fund Raiser	Purpose: Website <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	6-8-16 Date	\$ 108.00
Expenditure #2 Name USPS Address <input type="checkbox"/> Fund Raiser	Purpose: Postage <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	7-9-16 Date	\$ 18.00
Expenditure #3 Name Sawicki and Son Inc Address 1521 W. Lafayette Detroit, MI 48216 <input type="checkbox"/> Fund Raiser	Purpose: Lawn Signs <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	7-18-16 Date	\$ 437.25
Expenditure #4 Name Ann Arbor Jaycee's Address PO BOX 1866 Ann Arbor, MI 48106 <input type="checkbox"/> Fund Raiser	Purpose: 4th of July Parade <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	7-4-16 Date	\$ 50.00
Expenditure #5 Name Jennifer Schwab Address 80 Taylor Ave., Fort Thomas, KY 41075 <input type="checkbox"/> Fund Raiser	Purpose: Art Design <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	7-8-16 Date	\$ 150.00

Subtotal this page 763.25

Grand Total of all Schedules 1B
(Complete on last page of Schedule)

763.25

Enter this total
on line 8a of
Summary Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number

C-2016-091

Kevin Leeser for Council

CANDIDATE COMMITTEE

2. Committee Name

3. 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)
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<p>Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name & Address: Kevin Leeser 309 south 7th st Ann Arbor Mi 48103</p> <p>If over \$100.00 cumulative, please provide: Occupation: RN</p> <p>Employer Name & Business Address: UMHS 3852 E Medical Center Dr, Ann Arbor, MI 48109</p> <p><input type="checkbox"/> Fund Raiser Contribution</p>	<p>4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN</p> <p>Description <u>Tee-Shirts</u></p> <p>5. Date Of Receipt: <u>7-3-16</u></p> <p>6. Vendor Name & Address: Vivid Concepts <u>340 KEENAN CT</u> <u>HOWELL MI, 48855</u></p> <p style="text-align: right;">Click Here for Memo Itemization</p>	<p>\$ <u>285.00</u> \$</p>	
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<p>Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name & Address: Kevin Leeser 309 south 7th st Ann Arbor Mi 48103</p> <p>If over \$100.00 cumulative, please provide: Occupation: RN</p> <p>Employer Name & Address: UHMS 3852 E Medical Center Dr, Ann Arbor, MI 48109</p> <p><input type="checkbox"/> Fund Raiser Contribution</p>	<p>4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN</p> <p>Description <u>Spray paint</u></p> <p>5. Date Of Receipt: <u>6-15-16</u></p> <p>6. Vendor Name & Address: Stadium Hardware 2177 W STADIUM BLVD ANN ARBOR, MI 48103-0000</p> <p style="text-align: right;">Click Here for Memo Itemization</p>	<p>\$ <u>30.00</u> \$</p>	
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<p>Contribution #3 PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name & Address: Kevin Leeser 309 south 7th Ann Arbor, MI 48103</p> <p>If over \$100.00 cumulative, please provide: Occupation: RN</p> <p>Employer Name & Address: UMHS 3852 E Medical Center Dr, Ann Arbor, MI 48109</p> <p><input type="checkbox"/> Fund Raiser Contribution</p>	<p>4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN</p> <p>Description <u>Art Supplies</u></p> <p>5. Date Of Receipt: <u>7-1-16</u></p> <p>6. Vendor Name & Address: Micheals 3566 Washtenaw Ann Arbor 48104</p> <p style="text-align: right;">Click Here for Memo Itemization</p>	<p>\$ <u>25.00</u> \$</p>	
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Page Subtotal	340.00
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Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number

C-2016-091

Kevin Leeser for Council

CANDIDATE COMMITTEE

2. Committee Name

3. 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)
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Contribution # 1	PAC Receipt? <input type="checkbox"/> Yes	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan		
Name & Address: Kitty B Kahn 515 Krauss Ann Arbor, Mich 48103		<input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated	\$ 50.00	\$
		<input type="checkbox"/> Goods or Services Purchased by Candidate or Others		
		<input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN		
If over \$100.00 cumulative, please provide: Occupation: Retired		Description Campaign Pins		
Employer Name & Business Address: Retired		5. Date Of Receipt: 7-3-16		
		6. Vendor Name & Address: Same		Click Here for Memo Itemization
<input type="checkbox"/> Fund Raiser Contribution				

Contribution # 2	PAC Receipt? <input type="checkbox"/> Yes	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan		
Name & Address		<input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated	\$	\$
		<input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others		
		<input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN		
If over \$100.00 cumulative, please provide: Occupation:		Description		
Employer Name & Address:		5. Date Of Receipt:		
		6. Vendor Name & Address:		Click Here for Memo Itemization
<input type="checkbox"/> Fund Raiser Contribution				

Contribution #3	PAC Receipt? <input type="checkbox"/> Yes	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan		
Name & Address:		<input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated	\$ 25.00	\$
		<input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others		
		<input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN		
If over \$100.00 cumulative, please provide: Occupation:		Description		
Employer Name & Address:		5. Date Of Receipt:		
		6. Vendor Name & Address:		Click Here for Memo Itemization
<input type="checkbox"/> Fund Raiser Contribution				

Page Subtotal	50	
Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	390.00	

Enter this total
on line 6 of Summary
Page