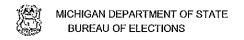


CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

the treasurer (or designated record keeper) and o	a signed by andidate.	3. This Statement covers From	^{n:} 7-18-16 to	08-22-16	
1. Committee I.D. Number		4. Candidate Last Name	First Name	M.I.	
C-2016-091		Leeser	Kevin	W	
		4a. Office Sought Including Di	strict# or Community Served	J (If applicable)	
2. Committee Name		Board Member - Loca	1		
Kevin Leeser for Council		4b. County of Residence WASHTENAW			
5. Committee's Mailing Address		6. Treasurer's Name & Residential Address			
309 south 7th Ann Arbor, Mi 48103		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 commodiling address on the Statement of Organization,		•			
be sent to this address by the filing official.		Area Code & Phone 734-358-0138			
7. Treasurer's Business Address		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	De muine d Ob	11 M if	9e.		
9a. Pre-Election OR 9b. Post-Election	is not on the current year:		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		
Pre-Election or Post-Election Statement relates to: Primary	July Quart	erly		ittee has no oustanding assets,	
General	October Q	uarterly	English of the first of		
Convention			considered a request for the	annot be granted, that this be e Reporting Waiver.	
Special	9c. Annua	I Statement ()	Effective date of	dissolution	
School	l	Coverage Year		:	
Caucus	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)		Note: The disposition of res	sidual funds must be reported on mary Page.	
Date of Election, Convention or Caucus					
Aug 2, 2016				·	
10. Verification: I/We certify that all reasonable dilig			ent and attached schedules ((if any) and to the best of	
my\our knowledge and belief the contents are true, Current Treasurer or Kevin Leeser	accurate and co	mpiete.		Aug 22 2046	
Designated Record keeper Type or Print Name		/ Signature	Date	Aug, 22, 2016	
··		Oignatule			
Candidate Kevin Leeser		1	Date	Aug, 22, 2016	
Type or Print Name		Signature			

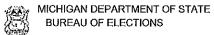


1. Committee I.D. Number <u>C-2016-091</u>

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name Kevin Leeser for Council

CANDIDATE COMMITTEE	2. Committee Name	
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		Samulation this stocker by sic
a. Itemized (Schedule 1A - Column 6)	_(3a.) \$ 125.00	
b. Uniternized (less than \$20.01 each - no Schedule)	(3b.) \$NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ <u>125.00</u>	(18.)\$ 1050.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ 0	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 125.00	(20.) \$ _1050.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ 0.00	(21.) \$ 390.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ _286.75	
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.) \$ 286.75	(23.) \$ 1050.00
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$	
b. Unitemized (less than \$50.01 each - no Schedule) 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS	(10b.)\$	
(Add Line 10a + Line 10b)	(11.) \$	(24.) \$
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) •	(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.) \$	•
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
 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.) \$ 161.75 (14.)+ \$ 125.00 (15.) = \$ 286.75 (16.) - \$ 286.75 (17.) \$ 00.00	*



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

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 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 7-7-16 Name & Address:		
Frank Wilhelme 1405 Lutz	\$ 100.00	. \$
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 #2 PAC Receipt? YES 4. Date of Receipt 8-1-16 Name & Address		
Karen Oakes 824 Rider St	_{\$} _25.00	\$
Parish NY 13131 5. If over \$100.00 cumulative, please provide:	Clink Horo f	or Memo Itemization
	Click riere i	or wemo temization
Business Address		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser	7.6	
Contribution # 3 PAC Receipt? YES 4. Date of Receipt Name & Address:		
Truino a 7 adrosos.		
	\$. \$
5. If over \$100.00 cumulative, please provide:	Memo Itemiz	ation Below
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	-,	
Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address		
	\$	\$
5. If over \$100.00 cumulative, please provide:	ka ta t	c Di
Occupation Employer	Memo Itemiz	ation Below
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	125.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
1 1 Pageof	Enter this total on line 3a of Summary Page.	



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

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

2. Committee Name Kevin Leeser for Council

3. Name and address of person or vendor to whom paid	Purpose (Required Information)	5. Date	6. Amount		
Expenditure #1					
Name Stripe.com		8-1-16	\$ 18.85		
Address	Purpose: Donation processing	Date			
10" D 01 1	Click Here for Memo Itemization Type				
185 Berry Street Suite 550 San Fransisco CA 94107	Check box if this expenditure is payment of debt or obligation reported on previous statement				
Expenditure #2					
Name USPS		8-2-16	\$ 16.00		
Address	Purpose: Postage	Date	},,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Click H	lere for Memo	Itemization Type		
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement				
Expenditure #3					
Name Kevin Leeser		8-22	\$ 251.90		
Address	_{Purpose:} Repayment	Date	***************************************		
309 South 7th		for Moure	Managaratian Toma		
Ann Arbor Mi	 1	iere for iviento	Itemization Type		
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement				
Expenditure #4					
Name					
Address	Drumana	Date	\$		
	Purpose:				
	Click H	ere for Memo	Itemization Type		
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement				
Expenditure #5					
Name					
Address	Purpose:		\$		
	Click H	lere for Memo	Itemization Type		
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement				
		al this page	286.75		
	Grand Total of all S (Complete on last page		286.75		

Enter this total on line 8a of Summary Page

1 1 Page ____ of ____