





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>125.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>125.00</u>	(18.) \$ <u>1050.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0</u>	(19.) \$ _____
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>125.00</u>	(20.) \$ <u>1050.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>390.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>286.75</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>	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>286.75</u>	(23.) \$ <u>1050.00</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ _____
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ _____	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>161.75</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>125.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>286.75</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>286.75</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>00.00</u>	*



**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 all contributions regardless of amount.

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

Name & Address:

**Frank Wilhelme**  
1405 Lutz

6. Amount \$ 100.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ \_\_\_\_\_

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  
Parish NY 13131

6. Amount \$ 25.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ \_\_\_\_\_

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 # 3 PAC Receipt?  YES 4. Date of Receipt \_\_\_\_\_

Name & Address:

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

5. If over \$100.00 cumulative, please provide: [Memo Itemization Below](#)

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:

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

5. If over \$100.00 cumulative, please provide: [Memo Itemization Below](#)

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

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)

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	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Stripe.com</u> Address <u>185 Berry Street</u> <u>Suite 550 San Francisco CA 94107</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation processing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-1-16</u> Date	<u>\$ 18.85</u> <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #2 Name <u>USPS</u> Address <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-2-16</u> Date	<u>\$ 16.00</u> <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #3 Name <u>Kevin Leeser</u> Address <u>309 South 7th</u> <u>Ann Arbor Mi</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Repayment</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-22</u> Date	<u>\$ 251.90</u> <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ <a href="#">Click Here for Memo Itemization Type</a>

Subtotal this page	286.75
Grand Total of all Schedules 1B (Complete on last page of Schedule)	286.75
Enter this total on line 8a of Summary Page	