



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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.

2007 JAN 32
REGISTERED

| | |
|--|---|
| 3. This Statement covers From: <u>1 - 1 - 06</u> to <u>12 - 31 - 06</u> Mo Day Year Mo Day Year | |
| 1. Committee I.D. Number <u>C-2005-026</u> | 4. Candidate Last Name <u>RAPUNDALO</u> First Name <u>STEPHEN</u> 4a. Office Sought Including District # or Community Served (If applicable) <u>CITY COUNCIL - ANN ARBOR</u> 4b. County of Residence <u>WASHTENAW</u> |
| 2. Committee Name <u>Stephen Rapundalo for Ann Arbor Council</u> | 6. Treasurer's Name & Residential Address <u>Stephen Rapundalo</u> <u>3106 Bluett Ann Arbor, MI 48105</u> Area Code & Phone <u>(734) 995-9507</u> |
| 5. Committee's Mailing Address <u>3106 Bluett Ann Arbor, MI 48105</u> Area Code and Phone <u>(734) 995-9507</u> <small>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.</small> | 8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) <u>_____</u> Area Code and Phone () _____ |
| 7. Treasurer's Business Address <u>330 E Liberty Ann Arbor, MI 48104</u> Area Code and Phone <u>(734) 615-9543</u> | |

| | |
|--|--|
| <p>9. TYPE OF STATEMENT</p> <p>9a. <input type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Convention <input type="checkbox"/> School</p> <p><input type="checkbox"/> Special <input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus _____ Month Day Year</p> | <p>9c. <input checked="" type="checkbox"/> Annual Statement (<u>2006</u> Coverage Year)</p> <p>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)</p> <p>9e. <input type="checkbox"/> Dissolution of Candidate Committee</p> <p>Effective Date of Dissolution _____ Month Day Year</p> <p>By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p> |
|--|--|

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. **If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.**

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 | <u>Stephen Rapundalo</u> Type or Print Name | <u>[Signature]</u> Signature | Date | <u>01</u> | <u>31</u> | <u>07</u> |
| | | | | Mo | Day | Year |
| Candidate | <u>Stephen Rapundalo</u> Type or Print Name | <u>[Signature]</u> Signature | Date | <u>01</u> | <u>31</u> | <u>07</u> |
| | | | | Mo | Day | Year |

Authority granted under P.A. 388 of 1976



C-2005-0260017



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number C-2005.026
2. Committee Name Stephen Rapundalo for Ann Arbor Council

**SUMMARY PAGE
CANDIDATE COMMITTEE**

| RECEIPTS | Column I This Period | Column II Cumulative this election cycle |
|---|--------------------------------|---|
| 3. Contributions | | |
| a. Itemized (Schedule 1A - Column 6) | (3a.) \$ _____ | (18.) \$ _____ |
| b. Unitemized (less than \$20.01 each - no Schedule) | (3b.) \$ <u>NOT APPLICABLE</u> | (19.) \$ _____ |
| c. Subtotal of "Contributions" | (3c.) \$ _____ | (20.) \$ <u>0</u> |
| 4. Other Receipts (Schedule 1A -1, Column 6) | | |
| (4.) \$ _____ | (4.) \$ _____ | (19.) \$ _____ |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) | | |
| (5.) \$ <u>0</u> | (5.) \$ <u>0</u> | (20.) \$ <u>0</u> |
| IN-KIND CONTRIBUTIONS & EXPENDITURES | | |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7) | | |
| (6.) \$ <u>0</u> | (6.) \$ <u>0</u> | (21.) \$ <u>0</u> |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6) | | |
| (7.) \$ <u>0</u> | (7.) \$ <u>0</u> | (22.) \$ <u>0</u> |
| EXPENDITURES | | |
| 8. Expenditures | | |
| a. Itemized (Schedule 1B, Column 6) | (8a.) \$ <u>55.00</u> | (23.) \$ <u>55.00</u> |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G) | (8b.) \$ <u>/</u> | |
| c. Unitemized (less than \$50.01 each - no Schedule) | (8c.) \$ _____ | |
| 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) | | |
| (9.) \$ <u>55.00</u> | (9.) \$ <u>55.00</u> | (23.) \$ <u>55.00</u> |
| INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) | | |
| 10. Disbursements | | |
| a. Itemized (Schedule 1C, Column 6) | (10a.) \$ _____ | (24.) \$ <u>0</u> |
| b. Unitemized (less than \$50.01 each - no Schedule) | (10b.) \$ _____ | |
| 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) | | |
| (11.) \$ <u>0</u> | (11.) \$ <u>0</u> | (24.) \$ <u>0</u> |
| DEBTS AND OBLIGATIONS | | |
| 12. Debts and Obligations | | |
| a. Owed by the Committee (Schedule 1E) | (12a.) \$ _____ | (17.) \$ <u>67.11</u> * |
| b. Owed to the Committee (Schedule 1E) | (12b.) \$ <u>0</u> | |
| BALANCE STATEMENT | | |
| 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) | (13.) \$ <u>122.71</u> | |
| 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) | (14.) + \$ <u>0</u> | |
| (15.) = \$ <u>122.71</u> | (15.) = \$ <u>122.71</u> | |
| 15. SUBTOTAL Add lines 13 and 14 | (16.) - \$ <u>55.00</u> | |
| 16. Amount expended during reporting period (Add lines 9 and 11) | (16.) - \$ <u>55.00</u> | |
| 17. ENDING BALANCE (Subtract line 16 from line 15) | (17.) \$ <u>67.11</u> * | |



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2005-026
2. Committee Name Stephen Rapundalo for Ann Arbor Council

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Describe specific purpose and you may assign an Expenditure Code) | 5. Date | 6. Amount |
|--|--|----------------|--------------|
| Expenditure #1 Name <u>Thurston Players / PTSO</u> Address <u>c/o 3318 Yellowstone</u> <u>Ann Arbor, MI 48105</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>ad in Thurston</u> <u>Players program</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>5-12-06</u> | <u>55.00</u> |
| Expenditure #2 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 | | |
| Expenditure #3 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 | | |
| 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 | | |
| 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 | | |

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

55.00
55.00

Enter this total on line 8a of Summary Page