



**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: 10-24-09 to 11-23-09

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

4. Candidate Last Name RAPUNDALO First Name STEPHEN M.I. T
4a. Office Sought Including District # or Community Served (If applicable) CITY COUNCIL - ANN ARBOR
4b. County of Residence WASHTENAW

5. Committee's Mailing Address
3106 Bluett
Ann Arbor, MI 48105
Area Code and Phone 734 476-0648
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.

6. Treasurer's Name & Residential Address
Stephen Rapundalo
3106 Bluett
Ann Arbor, MI 48105
Area Code & Phone 734 476-0648

7. Treasurer's Business Address
Mich Boio
P.O. Box 130199
Ann Arbor, MI 48113
Area Code and Phone 734 527-9144

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

Area Code and Phone _____

FILED
WASHTENAW COUNTY, MI
2009 NOV 25 P 2:19
LAWRENCE MISTINA
COUNTY CLERK/REGISTRAR

9. TYPE OF STATEMENT
9a. Pre-Election OR 9b. Post-Election
Pre-Election or Post-Election Statement relates to:
 Primary General
 Convention School
 Special Caucus
Date of Election, Convention or Caucus
11-03-09

9c. Annual Statement (_____ Coverage Year)
9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)
9e. Dissolution of Candidate Committee
Effective Date of Dissolution

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.

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 Stephen Rapundalo Stephen Rapundalo Date 11-25-09
Type or Print Name Signature
Candidate Stephen Rapundalo Stephen Rapundalo Date 11-25-09
Type or Print Name Signature



C-2005.026

1. Committee I.D. Number _____

2. Committee Name Stephen Ropundato for A² City 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.) \$ <u>0</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>0</u>	(18.) \$ <u>0</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0</u>	(19.) \$ <u>0</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(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>	(21.) \$ <u>0</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0</u>	(22.) \$ <u>0</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>150.00</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>/</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>/</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>150.00</u>	(23.) \$ <u>150.00</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0</u>	(24.) \$ <u>0</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0</u>	
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>1296.20</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>0</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>1296.20</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>150.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>1146.20</u>	



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2005-026
2. Committee Name Stephen Rapundalo for A² City Council

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Washtenaw County Clerk</u> Address <u>200 N Main Ann Arbor, MI 48107</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>late filing fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11-2-09</u> Date	\$ <u>150⁰⁰</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	_____ Date	\$ _____
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	_____ Date	\$ _____
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	\$ _____
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	\$ _____

Subtotal this page 150⁰⁰
Grand Total of all Schedules 1B
(Complete on last page of Schedule) 150⁰⁰

Enter this total on line 8a of Summary Page