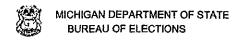
CANDIDATE COMMITTEE COVER PAGE

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: 7 7		
Committee I.D. Number	1 21 10 to 10 20 18		
C-2006-025	4. Candidate Last Name First Name M.I. Konselman Stephen -		
1.0-2004 013	4a. Office Sought Including District, # or Community Served (If applicable)		
2. Committee Name Stephen Kinselman	Councilmander Llord 3, Ann Arbor		
5. Committee's Mailing Address	4b. County of Residence WCCN + CNCen		
Stephen Kunselman	6. Treasurer's Name & Residential Address		
2885 Buffernut	Kobert Cain		
Ann Arbor, MI 48108	BOG Founteur St.		
Area Code and Phone (734) 975-4604	Am Arber, MI		
Ill the address in this box is different from the committee	49403		
mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	48103 Area Code & Phone (734) 761-4649		
7. Treasurer's Business Address	Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)		
1306 Fountain St.	Designated Record Reaper)		
Ann Arber, Mi			
40.102			
48103			
Area Code and Phone	Area Code and Phone		
9. TYPE OF STATEMENT			
9a. Pre-Election OR 9b. Post-	Election 9c. Annual Statement (Coverage Year)		
Pre-Election or Post-Election Statement relates to:	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)		
Primary Sene	eral 9e. Dissolution of Candidate Committee		
	eral 9e. Dissolution of Candidate Committee Effective Date of Dissolution		
Convention	° 2 8 1		
Special	s		
	By checking this item, I/We certify that the committee has no assession outstanding debts, including late filing fees, Further, I/We requestible if		
Date of Election, Convention or Caucus	the Reporting Waiver.		
_ 1900 6, KUIO	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 requeschedules. Direct contributions, in-kind contributions, loans, expending the information lictude in them.	uired Campaign Statements. The Campaign Statements must include all applicable		
f 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 organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or perfore the filling deadline of a required campaign statement, that campaign statement cannot be waived.			
D. 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 your knowledge and belief the contents are true, accurate and complete.			
urrent Treasurer or esignated Record keeper Pobert (aw. /			
Type or Print Name Signature Date			
Candidate Stephen Kuselman Steve hughan Date 10/25/18			
Type or Print Name Signature			



(Subtract line 16 from line 15)

	1. Committee I.D. Number	
SUMMARY PAGE CANDIDATE COMMITTEE	2. Committee Name Stephen Kurselman for Carri	
RECEIPTS	Column I	Column ii
3. Contributions	This Perlod	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 18-IK, Column 6)	(7.) \$ <u> </u>	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	(23.)\$_600
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$	
b. Unitemized (less than \$50.01 each - no Schedule)	(40)	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(10b.)\$	· ·
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)	(13.) \$ <u>7592.7</u> (14.) + \$ <u>0</u> (15.) = \$ <u>7592.7</u>	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCE	(16.) - \$ <u>O</u> (17.) \$ 2592.7(