

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: 3 / 1 / 06 to 7 / 23 / 06 Mo Day Year
1. Committee I.D. Number C - Z006 - 025 2. Committee Name THE COMMITTEE TO ELECT STEPHEW KUNSELMAN FOR COUNCIL	4. Candidate Last Name First Name M.I. KUNSELMAN STEPHEN 4a. Office Sought Including District # or Community Served (If applicable) CITY COUNCIL 4b. County of Residence WAS HTENAW
5. Committee's Mailing Address 2885 BUTTER NUT ST. ANN ATBOR. 11: 48108 Area Code and Phone 734- 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 ROBERT CAIN 1306 FOUNTAIN, 48103 ANN ARBOR M., 48103 Area Code & Phone (734) 761 - 4649
7. Tréasurer's Business Address	8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
Area Code and Phone () SA7E	Area Code and Phone ()
9. TYPE OF STATEMENT 9a. Pre-Election OR 9b. Post Pre-Election or Post-Election Statement relates to: Primary Gene Convention School Special Caucus Date of Election, Convention or Caucus Month Day Year A committee that does not have a Reporting Waiver must file a	or 9e to indicate which Statement is being amended) 9e. Dissolution of Candidate Committee 2 8 bol Effective Date of Dissolution
I Schedules. Direct contributions, in-kind contributions, loans, et	il required Campaign Statements. The Campaign Statements must include all applicable keyenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. In the since the information was shown on the committee's Statement of Organization, an my this Campaign Statement. If a request for a Reporting Waiver is not received on or to that campaign statement cannot be waived.
	sed in the preparation of this statement and attached schedules (if any) and to the best of and complete. Date 7 28 86 Mo Day Year



1. Committee	I.D.	Number	

C-2006-025

2. Committee Name THE COMMITTEE TO ELECT

STEPHEN KUNSELMAN FOR COUNCIL

SUMMARY PAGE CANDIDATE COMMITTEE

CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$1555.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(18.)\$ 1555.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.)\$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$1555.00	(20.)\$ 1555.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		·
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 462.16	
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.) \$ 46 7 .16	(23.)\$ 467.16
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 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)	(40) \ \ 0	
	(12b.) \$ BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.)+\$ 1555.00	
(Line 5, Total Contributions & Other Receipts)	(15.) = \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(16.) - \$467,16	
(Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 1087.84.	



1. Committee I.D. Number C-2006-025
THE COMMITTEE TO EVERT
2. Committee Name STEPHEN KUNSELMAN 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 from committees 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 3-30-06 Name: NYSTUEN, GWEN L, Address: [0]6 OLIVIA, ANN ATUBOR 48104		,
5. If over \$100.00 cumulative, please provide: OccupationEmployer Business Address	100.00	100.00
Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 5-30-66		
Name: CHOCK, MALAMA Address: 2849 CANTERBURY, ANN ANDOR 48104		
5. If over \$100.00 cumulative, please provide: OccupationEmployer	10,00	(0,00
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt S-31-06 Name: CAIN, ROBENT O, Address: 1306 Fountain St., Ann Ansol M: 48103 5. If over \$100.00 cumulative, please provide: OccupationEmployer Business Address Type of Contribution: Direct	60.00	60.00
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt S-31-06 Name: ZIANI, AHMED Address: \$951 REDSTONE CT., ANN ATUBOR 48105 5. If over \$100.00 cumulative, please provide: OccupationEmployer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	30,00	30,00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	200.00	

Enter this total on line 3 of Summary Page.

Page _____ of _____



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number C-2006-025

THE COMMITTEE TO EVERT

2. Committee Name STEPHEN KUNSELMAN 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 from committees 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 5 31 06 Name: DONNELLY, CHRIS Address: 441 HILLDALE DR., ANN ARBOR 48105 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	20.00	20,00
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 6 2 06 Name: Ross, KATE Address: 1000 S, Seventh Ann Ansoc 48103 5. If over \$100.00 cumulative, please provide: OccupationEmployer Business Address	20,00	20,00
Type of Contribution: Direct	100,00	100.00
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 6/2/06 Name: CARL BERG JEAN Address: 1902 NDEPENDENCE ANN ARBOR 48104 5. If over \$100.00 cumulative, please provide: OccupationEmployer Business Address Type of Contribution: Direct	50.00	50,00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	190.00	

Enter this total on line 3 of Summary Page.



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number C-2006-025
THE COMMITTEE TO EVERT
2. Committee Name STEPHEN KUNSELMAN FOR COUK!

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 from committees 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 6206 Name: PAUL, LOR 1 PAIRD, LARRY (H-W) Address: RUBWOOD ANN ANBOR 48103 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	50.00	50,00
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 6 2 06 Name: EASTER, STEVE Address: 2 204 BROOK ANN AND ANN AND 48104 5. If over \$100.00 cumulative, please provide: OccupationEmployer Business Address Type of Contribution: Direct	50,00	50,00
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 6 3 06 Name: BANNISTER, ANNE Address: 612 N. MAIN ST, ANN ATBON 48/04 5. If over \$100.00 cumulative, please provide: OccupationEmployer Business Address Type of Contribution: Direct	30,00	30,00
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 6/18/06 Name: PALMS, JEANNINE Address: 2656 EASY ST. ANN AMBOL M: 48/04 5. If over \$100.00 cumulative, please provide: Occupation	25,00	25.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	155.00	

Enter this total on line 3 of Summary Page.



1. Committee I.D. Number	C-2006-023
THE	CONMITTEE TO ELECT
2. Committee Name	PHOU KUNSOLMAN FOR COUNCI

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 from committees 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 6 19106 Name: HEYDON, PETER Address: 3562 WEST HURON RIVER DR. ANN ARBOR 48103 5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer Self-Englished Business Address 324 EAST WAS HINGTON ST. ANN ARBOR 48107	250,00	250.00
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 6 20 06 Name: FOWLER, JANICE Address: 2936 SHARON DR. ANN ARBOR 48108 5. If over \$100.00 cumulative, please provide:	25.00	25.00
OccupationEmployer		
Business Address Type of Contribution: Direct		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 6/28/06 Name: LOUGHED, ROBERT Address: 2365 PLACID WAY, ANN ARBOR 48105		
5. If over \$100.00 cumulative, please provide:	50.00	50.00
OccupationEmployer	·	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7 3 06 Name: NOLAN KATHLEEN Address: 2645 EASY ST. ANN AND 48104 5. If over \$100.00 cumulative, please provide:	20.00	20.00
OccupationEmployer		·
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	345.00	

Enter this total on line 3 of Summary Page.

Page _____ of _____



1. Committee I.D. Number C-2006-029

THE COMMITTEE TO ELECT

2. Committee Name STEPHEN KINSELYAN 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 from committees 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 3 06 Name: LEVY, RON Address: 2645 EASY ST. ANN ARBOR 48104 5. If over \$100.00 cumulative, please provide: Occupation	20,00	20,00
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7 3 06 Name: MEXICOTTE, DEB Address: 2660 Yost ANN Arbol, 48104 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	50,00	50,00
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7 4 06 Name: MAYFIELD, LOIS Address: FULMER St. Ann Arbol 4810 3 5. If over \$100.00 cumulative, please provide: OccupationEmployer Business Address Type of Contribution: Direct	(00,00	(00,00
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7 6 06 Name: GRIFFIN, TODD Address: 2380 ST. FRANCIS ANN ANBOR 48104 5. If over \$100.00 cumulative, please provide: OccupationEmployer Business Address Type of Contribution: Direct	20,00	20.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	190,00	

Enter this total on line 3 of Summary Page.

Page <u>5</u> of <u>7</u>



1. Committee I.D. Number	(-6006-065	
THE	COMMITTEE TO	ELECT
2. Committee Name ST≥0	HOW KUNSTLYAN	LOU COU CO

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 <u>all</u> contributions from committees 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 7/5/06 Name: HANSON, BEN Address: \3/1 MINERVA ANN ARBOL 48/04 5. If over \$100.00 cumulative, please provide:	100.00	100,00
OccupationEmployer		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7 15 06 Name: GUNN, LEAH & ROBERT Address: 1308 E, STADIVM ANN ANBOR 48104 5. If over \$100.00 cumulative, please provide: OccupationEmployer Business Address Type of Contribution: Direct	100.00	100.00
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7 16/06 Name: OVERMIRE, THOMAS & JOAN Address: 3210 NORDMAN ANN ARBOR 48108 5. If over \$100.00 cumulative, please provide: OccupationEmployer Business Address Type of Contribution: Direct	75.00	75.00
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7 12 06 Name: HETRELL, HED I Address: 2896 SHARON DR. ANN ARBOR 48108 5. If over \$100.00 cumulative, please provide: OccupationEmployer Business Address Type of Contribution: Direct	50,00	50.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	325,00	

Enter this total on line 3 of Summary Page.

Page 6 of 7



1. Committee I.D. Number C-2006-025

THE COMMITTEE TO ELECT

2. Committee Name STEPHEN. KUNSELMAN 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 <u>all</u> contributions from committees 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 7/20/06 Name: LENDNAN, BRIAN & BUCHER, Jo ELLEN Address: 3450 WEX FOND CT. ANN ANBOR 48108 5. If over \$100.00 cumulative, please provide:	100,00	100.00
OccupationEmployer		·
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7/2/06 Name: MORAY MICHEUE		·
Address: 1450 KING GEORGE BLUD. ANN ABORA8104	50.00	5000
5. If over \$100.00 cumulative, please provide:	20.00	50,00
OccupationEmployer		
Business Address Type of Contribution: Direct		
Contribution #3 PAC Receipt? YES 4. Date of Receipt Name:		
Address:		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name:		
Address:		
5. If over \$100.00 cumulative, please provide:	ļ	
OccupationEmployer		·
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal		
Grand Total of All Schedules 1A (Complete on last page of Schedule)	150.00	
	1555.00	

Enter this total on line 3 of Summary Page.

Page _____ of ____



SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number	C- 2006-023	
THE	COMMITTEE TO ELECT	7
2 Committee Name SD20	HAI) KUUSAMAN FOR COUNCI	١

CANDIDATE COMMITTEE			
Name and address of person or vendor to whom paid	Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1			
Name SAWICKI & SON	Purpose: YARD SIGNS	4.30	
Address 1521 W. LAFAYETTE		6-22-06	409,16
DETROIT MI 48216	Check box if this expenditure is payment of		
☐ Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name MAIN ST. T. SHIRTS	Purpose: CAMPAIGN SHIRTS		
Address 220 S. MAIN ST.		6/27/06	53.00
ANN ARBOR M: 48104	Check box if this expenditure is payment of		
☐ Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name	Purpose:		
Address			
☐ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4	Statement		
Name	Purpose:		
Address			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name	Purpose:		
Address			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	-	,
Subtotal this page			462.16
Grand Total of all Schedules 1B (Complete on last page of Schedule)			462.16
		u.	

Enter this total on line 8a of Summary Page

Page ____ of ___