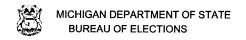






Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement covers From:			
1. Committee I.D. Number	4. Candidate Last Name First Name M.I.			
2-2006-025	Kunselman Stephen			
2 Committee Name The C. C	4a. Office Sought Including District # or Community Served (If applicable)			
2. Committee Name The Committee to elect Stephen Kunselman	city Council, Ward 3			
For Council	4b. County of Residence Washtenaw			
5. Committee's Mailing Address	6. Treasurer's Name & Residential Address			
2885 Butternut St.	Robert Cain			
Ann Arbor, MI 48108	1306 Fountain			
	1 1 2 1 Above My 48103			
Area Code and Phone 734 - 975 - 4604	Ann Arbor, MI 48103			
If the address in this box is different from the committee I mailing address on the Statement of Organization, mail may	Area Code & Phone			
be sent to this address by the filing official.				
7. Treasurer's Business Address	Designated Record Designated Record	ecord keeper's Name and Mailing Address (If the committee has ord keeper)	а	
6				
Same		Hone 5 5		
		JAN		
Area Code and PhoneSame	A O-d ID	ω		
9. TYPE OF STATEMENT	Area Code and P	none	<u> </u>	
9a. Pre-Election OR 9b. Post-Election		9c. Annual Statement (200 Tooyerage Wear)		
		9d. Amendment to Campaign Statement (Complete Item 9	a, 9b, 9c	
Pre-Election or Post-Election Statement relates to:		or 9e to indicate which Statement is being amended)		
Primary		9e. Dissolution of Candidate Committee		
Primary General		Effective Date of Dissolution		
Convention	ool	Ellosavo Balo di Bissolalidi		
Special				
Caucus Caucus		By checking this item, I\We certify that the committee has no as outstanding debts, including late filing fees. Further, I/We requ		
Date of Election, Convention or Caucus		the dissolution cannot be granted, that this be considered a req	juest for	
		the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule		
Ailla- that days at the Boundary		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 filling deadline of a required campaign statement, that campaign statement cannot be waived.				
10. Verification: IWe certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/sour knowledge and belief the contents are true, accurate and complete.				
Current Treasurer or Designated Record keeper RoBERT (AIN)				
Type or Print Name Signature Date				
Stochan Kunsolman Habita hall a 1121/10				
Type or Print Name Signature Signature				



SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name Kunselvyan for Council

CANDIDATE COMINITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
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 1B-IK, Column 6)	(7.) \$	(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.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule) 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS	(10b.)\$19_6	
(Add Line 10a + Line 10b)	(11.) \$ 19,96	(0.1.)
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.) \$	
	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ 221.75	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$	
(Line 5, Total Contributions & Other Receipts)	(15.) = \$ 221.75	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(16.) - \$ (19.96)	
(Add lines 9 and 11) 17. ENDING BALANCE	201 70	
(Subtract line 16 from line 15)	(17.) \$ <u>CC(, 19</u>	