



**CANDIDATE COMMITTEE  
COVER PAGE**

FILED  
WASHTENAW COUNTY, MI  
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: 3/1/08 to 7/20/08

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

2. Committee Name  
**THE COMMITTEE TO ELECT  
STEPHEN KUNSELMAN FOR COUNCIL**

4. Candidate Last Name **KUNSELMAN** First Name **STEPHEN** M.I.  
4a. Office Sought Including District # or Community Served (If applicable)  
**CITY COUNCIL**

4b. County of Residence **WASHTENAW**

5. Committee's Mailing Address  
**2885 BUTTERNUT ST.  
ANN ARBOR MI 48108**

Area Code and Phone **734-975-4604**

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 ST.  
ANN ARBOR MI 48103**

Area Code & Phone **734-761-4649**

7. Treasurer's Business Address  
**SAME**

Area Code and Phone \_\_\_\_\_

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)  
**NONE**

Area Code and Phone \_\_\_\_\_

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  
**8/5/08**

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 **ROBERT CAIN** Signature \_\_\_\_\_ Date **7/25/08**

Candidate **Stephen Kunselman** Signature \_\_\_\_\_ Date **7/25/08**



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2006-025  
 2. Committee Name THE COMMITTEE TO ELECT 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? <input type="checkbox"/> YES 4. Date of Receipt <u>6/7/2008</u> Name: <u>KIRKLAND, ANNA</u> Address: <u>1311 MINERVA RD, ANN ARBOR 48104</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>FACULTY</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>ANN ARBOR</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	150.00	150.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/11/08</u> Name: <u>ANZICKER, MARK</u> Address: <u>2878 SHARON DR., ANN ARBOR 48108</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	50.00	50.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/27/08</u> Name: <u>HEYDON, PETER</u> Address: <u>3562 WEST HURON RIVER DR. ANN ARBOR 48103</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	500.00	500.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/10/08</u> Name: <u>DAHLMANN, DENNIS</u> Address: <u>300 S. THAYER, ANN ARBOR, 48104</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>SELF-EMPLOYED</u> Employer <u>DAHLMANN PROPERTIES</u> Business Address <u>300 S. THAYER, ANN ARBOR</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	500.00	500.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	1200.00	1650.00

Enter this total on  
line 3 of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2006-025  
2. Committee Name THE COMMITTEE TO ELECT  
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 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 5/2/08

Name & Address:

DE TTER, RAYMOND A.  
120 N. DIVISION, APT 1  
ANN ARBOR 48104

\$ 100.00 \$ 100.00

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

[Click Here for Memo Itemization](#)

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #2 PAC Receipt?  YES 4. Date of Receipt 5/10/08

Name & Address:

KAPLAN, NANCY  
3065 HUNTING VALLEY  
ANN ARBOR 48104

\$ 100.00 \$ 100.00

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

[Click Here for Memo Itemization](#)

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #3 PAC Receipt?  YES 4. Date of Receipt 5/20/08

Name & Address:

NYSTUEN, GWEN  
1016 OLIVIA  
ANN ARBOR. 48104

\$ 200.00 \$ 200.00

5. If over \$100.00 cumulative, please provide:

Occupation RETIRED Employer \_\_\_\_\_

[Click Here for Memo Itemization](#)

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #4 PAC Receipt?  YES 4. Date of Receipt 5/31/08

Name & Address:

HAUEN, JAMES  
3050 NORDMAN  
ANN ARBOR, 48108

\$ 50.00 \$ 50.00

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

[Click Here for Memo Itemization](#)

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

Page Subtotal

450.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.

**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2006-025  
**THE COMMITTEE TO ELECT**  
 2. Committee Name STEPHEN KUNSELMAN FOR COUNCIL

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>SAWICKI &amp; SON</u> Address <u>1521 W. LAFAYETTE</u> <u>DETROIT MI 48216</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>YARD SIGNS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	<u>7/1/08</u> Date	\$ <u>409.16</u>
Expenditure #2 Name <u>HURON VALLEY PRINTING &amp; IMAGING</u> Address <u>4557 WASHTEWAW</u> <u>ANN ARBOR MI 48108</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>DESIGN SERVICES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	<u>7/9/08</u> Date	\$ <u>115.00</u>
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 Click Here for Memo Itemization Type	_____ 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 Click Here for Memo Itemization Type	_____ 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 Click Here for Memo Itemization Type	_____ Date	\$ _____

Subtotal this page 524.16

Grand Total of all Schedules 1B  
(Complete on last page of Schedule) 524.16

Enter this total  
on line 8a of  
Summary Page