

## CANDIDATE COMMITTEE COVER PAGE



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 C-2006-025 KUNSELM AN DIFPHEN 4a. Office Sought Including District # or Community Served (If applicable) 2. Committee Name CITY COUNCIL THE COMMITTEE TO ELECT STEPHEN KUNSELMAN FOR COUNCIL 4b. County of Residence WASHTENAU 5. Committee's Mailing Address 6. Treasurer's Name & Residential Address 2885 BUTTORNUT ST. ROBERT CAIN ANN ATBOR M: 48108 1306 FOUNTAIN ST. ANN ATBOR M: 48103 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. 734-761-4649 Area Code & Phone 7. Treasurer's Business Address Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper) SAME NONE Area Code and Phone Area Code and Phone 9. TYPE OF STATEMENT Pre-Election Post-Election Annual Statement ( Coverage Year) Amendment to Campaign Statement (Complete Item 9a, 9b, 9c Pre-Election or Post-Election Statement relates to: or 9e to indicate which Statement is being amended) Dissolution of Candidate Committee General Effective Date of Dissolution Convention School Special Caucus By checking this item, IWWe certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if Date of Election, Convention or Caucus 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 Signature Candidate Type or Print Name Signature



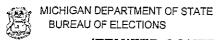
# ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

	C-2006-025
THE	COMMITTEE TO ELECT
2. Committee Name STEP	HEN 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 6 7 2008  Name: KIRKLAND, ANNA		
Address: 1311 MINERUA RD, ANN ATVBOR 48104		
5. If over \$100.00 cumulative, please provide:		
Occupation FACULTY Employer UNIVERSITY OF MICHESAN	150.00	150.00
Business Address		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 6(1) 08  Name: ANDICTE MARK		
Address: 2878 SHARON DR., ANN ARBOR 48108		
5. If over \$100.00 cumulative, please provide:	5000	50.00
OccupationEmployer	20.00	50,00
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 6 27 10 8  Name: HEY DON, PETER		
Address: 3562 WEST HURON RIVER DR. ANN ARBOR 48103		
5. If over \$100.00 cumulative, please provide:		
Occupation (2 ETT (LET) Employer	50000	500.00
Business Address Type of Contribution: Direct	00.00	
3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt ☐ 10 08  Name: DAHLMANN, DENNIS		
Address: 300 S. THAYER, ANN ARBOR, 48104		!
5. If over \$100.00 cumulative, please provide:		
Occupation SELF. EMPLOYED Employer DAHLMANN PROPERTYES	500,00	500.00
Business Address 300 S, THAYER ANN ARBOR  Type of Contribution: Direct Loan from a person Fund Raiser		
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.

Page	of	
. 49-		



Page \_\_\_\_\_ of \_\_\_\_

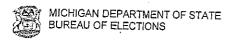
#### ITEMIZED CONTRIBUTIONS **SCHEDULE 1A**

#### **CANDIDATE COMMITTEE**

Page.

1. Committee I.D. Number <u>C-2006-025</u>
THE COMMITTEE TO ELECT
2. Committee Name <u>STEPHEN</u> KUNSEL TWN 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	T date of receipt)
	<del></del>
DE TTER, RAYMOND A. 120 N. DIVISION, APT 1	
A NN ANBOR 48104	s 100,00 s 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 0 8	
Name & Address  KAPLAN, WANCY	
3065 HUNTING VALLEY	
ANN ATROC 48104	\$ \00,00 \s_\00,00
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	
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	
In I have	s 200.00 s 200.00
ANN ANBOR. 48104	
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation RETIRED Employer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 5 3 08	
Name & Address  LIAUFN IAMFS	
HAUEN JAMES 3050 NORDMAN	
ANN ARBOY 48108	\$ 50.00 \$ 50.00
5. If over \$100.00 cumulative, please provide:	Ollak Hara far Mar. 16
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 Summany



### ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number <u>C-2006-025</u>

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 SAWICKI & SON	7/1/08 \$ 409.1
Address 1521 W. LARAYETTE	Purpose: YAID SIGNS Date
DEMOIT MI 48216	Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
Name HURON VALLEY PRINTING & IMAGING Address 4557 WAS HTEN AW	Purpose: DESIGN SERVICES Date \$ 115,00
ANN ARBOR M: 48108	Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #3	
Name :	
Address	Purpose: \$
	Click Here for Memo Itemization Type
Fund Raiser	Light Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #4	statement
lame	
Address	Purpose:\$
	Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
xpenditure #5	
ame	
ddress	Purpose: \$
Fund Raiser	Click Here for Memo Itemization Type  Check box if this expenditure is payment of debt or obligation reported on previous statement
	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