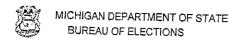


MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

CANDIDATE COMMITTEE

FILED WASHTENAW COUNTY, MI

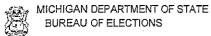
COVER PAGE	FOR OFFICIAL USE ONLY
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement (4) Versit (4) 12 23 (7) 12 108 to 9 14 108
1. Committee I.D. Number C - Z 006 - 0 Z 5 2. Committee Name	4. Candidate Last Name M.I. KUNSELMAN STEPHEN 4a. Office Sought Including District # or Community Served (If applicable)
THE COMMITTEE TO ELECT	CITY COUNCIL
STEPHEN KUNSELMAN FOR COUNCY 5. Committee's Mailing Address	VVX5 K (EVX
2885 BUTTERNUT ST.	b. Treasurer's Name & Residential Address
ANN AMBOR 48108	1306 FOUNTAIN ST.
Area Code and Phone 734-975-4604	Anu Armson M: 48103
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.	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	
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	9e. Dissolution of Candidate Committee
Convention	ol Effective Date of Dissolution
Special	
Date of Election, Convention or Caucus S S S O S	By checking this item, IWe 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 dispersion of residual funds must be reported on Schedule
fore the filing deadline of a required campaign statement, that	ifred Campaign Statements. The Campaign Statements must include all applicable itures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. since the information was shown on the committee's Statement of Organization, an Campaign Statement. If a request for a Reporting Waiver is not received on or campaign statement cannot be waived.
our knowledge and belief the contents are true, accurate and comp	the preparation of this statement and attached schedules (if any) and to the best of olete.
rent Treasurer or ROBERT CAIN /	1/108
Type or Print Name	Signature DateDate
Type or Print Name	Signature Date 9408
11	



SUMMARY PAGE

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

2. Committee Name STEPHEN KUNSELMAN **CANDIDATE COMMITTEE** RECEIPTS Column I Column II This Period 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.) \$ 4. Other Receipts (Schedule 1A -1, Column 6) (4.) \$ 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) IN-KIND CONTRIBUTIONS & EXPENDITURES 6. In-Kind Contributions (Schedule 1-IK, Column 7) 7. In-Kind Expenditures (Schedule 1B-IK, Column 6) (22.) \$ _____ **EXPENDITURES** 8. Expenditures (8a.) s _ 2294.32 a. Itemized (Schedule 1B, Column 6) b. Itemized Get-Out-the-Vote (Schedule 1B-G) c. Unitemized (less than \$50.01 each - no Schedule) 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) (23.) \$ 2838,44 INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) 10. Disbursements a. Itemized (Schedule 1C, Column 6) (10a.) \$ _____ b. Uniternized (less than \$50.01 each - no Schedule) (10b.) \$ ____ 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) DEBTS AND OBLIGATIONS (24.) \$ 12. Debts and Obligations a. Owed by the Committee (Schedule 1E) (12a.) \$ ___ b. Owed to the Committee (Schedule 1E) (12b.)\$ BALANCE STATEMENT (13.) s___1327.63 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (14.) + \$(Line 5, Total Contributions & Other Receipts) (15.) = \$15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period 2294. (16.) - \$ (Add lines 9 and 11) 17. ÈNDING BALANCÉ (Subtract line 16 from line 15)



Page_

ITEMIZED CONTRIBUTIONS

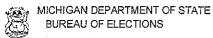
SCHEDULE 1A WASHIENAW COUNTY THE COMMITTEE

2. Committee Name STEPHEN

Enter contributor's name and address. 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 YES Address:	_	
TRES, ROBERT, RD. 1412 CAMBRIDGE RD.	90,00	s 90.00
ANN ATTOOR 48/04	5 10 100	\$ 10700
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		·
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7/21/08 Name & Address EDWIN AMONSEW 3043 OVEREIDGE DR.	_	
3043 Overeige Dr. Ann Arusor, Mi 48104	<u> 500.00</u>	s 500,00
•	Click Horo for	Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation Business Consumn Employer SELF - Employer	Click here for	iviemo itemization
and the second s		
Business Address SAME AS ABOVE		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7/22/08 Name & Address: LUANN BULLINGTON 1801 South BLVD. ANN ARBOR M: 48104 5. If over \$100.00 cumulative, please provide:	s 00 00	s (00,00
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
S. Contribution #4 PAC Receipt? YES 4. Date of Receipt 722 08 Name & Address SIDNEY KAREN 100 LONG MAN LANE ANN ARBOR 4810 3 5. If over \$100.00 cumulative, please provide:		
100 LONGMAN LANE	00,00	s 100,00
ANN ADROR 48103	* 	\$ 100 100
5. If over \$100.00 cumulative, please provide:	Click Here for N	Memo Itemization
OccupationEmployer		
Prininge Address		,
Business Address Type of Contribution: Loan from a person Fund Raiser	.	·
Type of Contribution: Loan from a person Pund Raiser Page Subtotal	700 00	
· · · · · · · · · · · · · · · · · · ·	790,00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
	Enter this total on	

line 3a of Summary

Page.



Page____

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

line 3a of Summary

Page.

THE COMMITTEE TO ELECT STEPHEN KUNSELMAN OR 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 Name & Address: BANKA, ANDREWE WENDY 3291 ROSEDALE ANN ANSOL 48108 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Loan from a person Fund Raiser	§ 75.00 Click Here fo	s 75.00 or Memo Itemization
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7 24 08		
Name & Address HERRELL, STEPHEN 2896 SHALON DR ANN ARRON 48108 5. If over \$100.00 cumulative, please provide:		\$ 50.00
Occupation Employer		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7/25/08 Name & Address: CARLBERG JEAN 1902 INDEPENDENCE ANN ARBOL 48/04 5. If over \$100.00 cumulative, please provide: Occupation Employer	\$	\$25.00 Memo Itemization
CARLBERG JEAN 1902 INDEPENDENCE 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		<u> </u>
CARLBERG JEAN 1902 INDEPENDENCE ANN ARBOL 48104 5. If over \$100.00 cumulative, please provide: OccupationEmployer Business AddressType of Contribution: Direct	Click Here for	<u> </u>
CARLBERG JEAN 1902 INDEPENDENCE ANN ARBOL 48104 5. If over \$100.00 cumulative, please provide: Occupation	Click Here for	Memo Itemization
CARLBERG JEAN 1902 INDEPENDENCE ANN ARBOL 48104 5. If over \$100.00 cumulative, please provide: OccupationEmployer Business AddressType of Contribution: Direct	Click Here for	Memo Itemization
CARLBERG JEAN 1902 INDEPENDENCE ANN ARSOL 48104 5. If over \$100.00 cumulative, please provide: Occupation	Click Here for	Memo Itemization



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

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

THE CONHITTEE TO ELECT

	Committee Name STEFFICIO FUNSELI-VAN FOR COUNTY
Name and address of person or vendor to whom paid	4. Purpose (Required Information) 5. Date 6. Amount
Expenditure #1	2 6
Name PARTNERS PRESS	7/23/08 : 938.10
Address 1900 C Library	Purpose: BROCHUNES Date
Address 1958 S. Ludus Muar Hwy	Click Here for Memo Itemization Type
A Asia Const	
ANN Arison 48104	Check box if this expenditure is payment of debt or obligation reported on previous
Fund Raiser	statement
Expenditure #2	
Name HURON VALLEY PRINTING & Address	7/20/00
I MA SILL	112108 \$ 406.00
	Purpose: MAILING SERVICES Date
455 7 WASHTOWAW	
ANN AMBOR M. 48108	Click Here for Memo Itemization Type
78100	Check box if this expenditure is payment of
Fund Raiser	debt or obligation reported on previous statement
Expenditure #3	Satisfied
Name HUNON VALLEY PRINTING &	7/25/08 s 700.06
Address MAGING	Purpose: Brochures Date
	Purpose: VICCHVILES
4557 WASHTENAW	Click Here for Memo Itemization Type
ANN ARBOR M: 48108	Check box if this expenditure is payment of
Fund Raiser	debt or obligation reported on previous
Expenditure #4	statement
Name PARTNER'S PRESS	A p
	7/21/08
Address 1958 S. IN DUSKLACHWY	Purpose: Brochures 7/31/08 \$ 250.16
/	Purpose: DAD CHURCES
Soite	Citale Have for Marrie 11 and 11 and
ANN Anson 48104	Click Here for Memo Itemization Type
-	Check box if this expenditure is payment of debt or obligation reported on previous
Fund Raiser	statement
xpenditure #5	
lame	
	¢.
ddress	Purpose: Date
·	
	Click Here for Memo Itemization Type Check box if this expenditure is payment of
Fund Raiser	debt or obligation reported on previous
I unit traiset	statement
	Subtotal this page 2294.32
	Grand Total of all Schedules 1B
	(Complete on last page of Schedule) 2294, 32

Enter this total on line 8a of Summary Page

Page _____ of ____