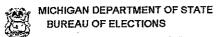
COVER PAGE

FOR OFFICIAL USE ONLY

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: 3 1 09 to 7 19 09
1. Committee I.D. Number	4. Candidate Last Name First Name M.I.
C-2006-025	KUNSELMAN STEPHEN
2. Committee Name	4a. Office Sought Including District # or Community Served (If applicable)
THE COMMITTEE TO ELECT	CITY COUNCIL
STEPHEN KUNSELMAN FOR COUNCIL	4b. County of Residence WASHTENAW
5. Committee's Mailing Address	6. Treasurer's Name & Residential Address
2885 BUTTERNUT ST.	ROBERT CAIN ST. 1306 FOUNTAIN ST.
ANN ARBOR, M: 48108	1306 FOUNTAIN ST.
Area Code and Phone 734 - 975-4604	ANN ARBOR M: 48103 F
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 734-761-4649 T
7. Treasurer's Business Address	8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
	Designated Record keeper)
SAME	11017
3 AME	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)
	9d 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)
Primary Gen	
Convention	ool Effective Date of Dissolution
Special	
Data of Shaffing Construction and Construction	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
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 re- Schedules. Direct contributions, in-kind contributions, loans, exper	quired Campaign Statements. The Campaign Statements must include all applicable iditures, 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 change amendment to the Statement of Organization should accompany the formation and deadline of a required campaign statement.	ed since the information was shown on the committee's Statement of Organization, an iis Campaign Statement. If a request for a Reporting Waiver is not received on or lat campaign statement cannot be waived.
	n 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 co	mplete.
Current Treasurer or Designated Record keeper ROBERT (AIN	Date 7/24/09
Type or Print Name	Signature
Candidate Stephen Kunselman	Stand Mulian Date 7/24/09
Type or Print Name	Signature

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

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ \ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
b. Uniternized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 1335.00	(18.)\$ 1335.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>133<i>S</i>.00</u>	(20.)\$ 1335.00
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.) \$ 1096,28	
b. itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Uniternized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>55, 21</u>	1151.49
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 10.70.8	(23.)\$8
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)	(151,47	
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)	(ADL) ¢	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS	(10b.) \$	
(Add Line 10a + Line 10b) DEBTS AND OBLIGATIONS	(11.) \$	(24.) \$
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	(49L) ¢	
	(12b.) \$BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ 73.31	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14)+\$ 1335.00	
(Line 5, Total Contributions & Other Receipts)	1(10 8 31	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(16.)-\$ 1151.49	
(Add lines 9 and 11)	25687	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>CJU10 -</u>	



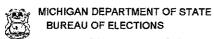
Page _____ of ____

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

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

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 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 7/15/09 Name & Address: TEWIS, DAVID & CROW, GERIA 2572 HAMPSHIRE ANN ATV30R, 48104	\$ 30.00	\$ 30.00
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 6 10 79 Name & Address		
MAYFIELD, LOIS 1700 FULMER ST. ANN ARBOR 48103	\$ 25,00	\$ 25.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 6/6/09		
Name & Address: NOLAN, KATHLEEN 2645 EASY ST. ANN ARBOR, 48104	\$ 100.00	\$ 100,00
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 # 4 PAC Receipt? YES 4. Date of Receipt 6 23 09 Name & Address		
DETTER, RAYMOND 120 N. DIVISION ST. ANN ATBOL, 48104	\$ 100.00	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		
Page Subtotal	255.00	
Grand Total of All Schedules 1A		-
(Complete on last page of Schedule)	Enter this total on	J
Perie of	line 3a of Summary Page.	

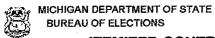


ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

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, firs middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> 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 6 30	09	e de la companya de La companya de la companya de	
ZIANI, AHMED 5951 REDSTONE G. ANN ARBOR, 48103		, 40.00	s 40,00
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		gradient versche der der der der der der der der der de	
	29		
HEYDON, PETER 3562 WEST HURON RIVENDR. ANN ARBOL, 48103		<u>\$ 500,00</u>	<u> 500.00</u>
· · ·			
5. If over \$100.00 cumulative, please provide:		Click Here for	Memo Itemization
Occupation KETIRED Employer			
Business Address			
Type of Contribution: Loan from a person Fund Raiser			
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 7 8 0	9	A COLOR OF THE COL	
HERRELL, STEPHEN 2896 SHARON DR.		s 40.00	10 00
2896 SHARON DR.		\$ 240,00	<u>\$ 40.00</u>
ANN ARBOR, 48108		Click Here for	Memo Itemization
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address			
Type of Contribution: Direct Loan from a person Fund Raiser			
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address			
			:
		\$	\$
5. If over \$100.00 cumulative, please provide:		0" 1 11 5	
Occupation Employer		Click Here for	Memo Itemization
Business Address			
Type of Contribution: Direct Loan from a person Fund Raiser			
Page	e Subtotal	580,00	
Grand Total of All Sche	odules 14	220.00	
(Complete on last page of S		Enter this total on	
Page of		line 3a of Summary Page.	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

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 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 13 09 Name & Address: NYSTUEN, JOHN 1016 OLIVIA ANN ARSOL, 48 10 4 5. If over \$100.00 cumulative, please provide:	\$ <u>250.00</u> Click Here fo	\$ <i>ZSO,00</i>
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7/11/09 Name & Address KAPLAN, HARUEY & NANCY 3065 HUNTING VALLEY	100.00	, A
3065 FRUNTING VACLEY	s 100/00	\$ 100,00
ANN AMBOR, 48104		
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation RETIRED Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 7 11 09 Name & Address: NAGOURNEY PETER Q14 LINCOLN AUE. ANN ANOBOR 48104 5. If over \$100.00 cumulative, please provide: Occupation Employer		\$
Type of Contribution: Direct Loan from a person Fund Raiser	<u>ya mata ang ang tang ang ang ang ang ang ang ang ang ang </u>	S
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 7/10/09 Name & Address PRESSEL, JAMES 2625 LILIAN RD. ANN ARBOL, 4804 5. If over \$100.00 cumulative, please provide:	\$ 100.00 Click Here for	\$ 100.00
Occupation Employer		
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) Pageof	SOO.00 \335.00 Enter this total on line 3a of Summary Page.	and think the think to the color that the firm the construction of the color and a proper payment of



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

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

THE COMMITTEE TO ELECT
2. Committee Name STEPHENS: KUNSELMAN FOR COUNCIL

4.	Continue Name 2 1 CP 17 EVI & KONDI	C NVO	i or conna
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name FEDEX KINKO'S Address 530 E. LIBERTY ANN ARBOA, 48104 Fund Raiser	Purpose: PRINTING Click I Check box if this expenditure is payment of debt or obligation reported on previous statement	7 0 09 Date Here for Memo	\$ <u>71.62</u> Itemization Type
Expenditure #2	Salement	**************************************	
Name HURON VALLEY PRINTING & IMAGING Address 4557 WASHTEN AW	BROCHURES/ Purpose: MAILING SERVICES	Date	\$ <u>731.46</u>
ANN ANSOL, 48108	Click H	ere for Memo	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	· · · · · · · · · · · · · · · · · · ·	
Expenditure #3			
Name FEDEX KINKO'S Address 530 E. LIBERTY ANN ARBOL, 48104	Purpose: PUNTING	7/15/09 Date	\$ 106.64
A ADDA ACION	AT. 1.1		
Fund Raiser	Click Ho Check box if this expenditure is payment of debt or obligation reported on previous statement	ere tor Memo II	emization Type
Expenditure #4 Name PARTNERS PRESS, INC Address 1958 S. INDUSTRUK HWY ANN ARBOR, 48104	Purpose: DKULITUKES	Date	s 186.56 emization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name			
Address	Purpose:	Date	\$
Fund Raiser	Click He Check box if this expenditure is payment of debt or obligation reported on previous statement	re for Memo ite	emization Type
·	Subtota	I this page	1096,28
	Grand Total of all Sc (Complete on last page o	1	1096,28
			Code - Hair data I

Enter this total on line 8a of Summary Page

Page _____ of ____