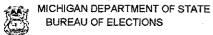
CANDIDATE COMMITTEE COVER PAGE

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 covers From: 07/19/09 to 08/24/09			
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 Stephen Kunselman for Council	City Council			
5. Committee's Mailing Address	4b. County of Residence Washtenaw			
2885 Butternut Street	6. Treasurer's Name & Residential Address			
Ann Arbor, MI 48108	Robert Cain			
	1306 Fountain Street			
	Ann Arbor, MI 48103			
Area Code and Phone (734) 975-4604	009			
If the address in this box is different from the committee	e.			
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			
7. Treasurer's Business Address	Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)			
Same	· · · · · · · · · · · · · · · · · · ·			
	None			
	\text{\tin}}\text{\tin}\text{\tetx{\text{\tetx{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}\\\ \ti}}\\ \text{\text{\text{\text{\text{\text{\text{\text{\tin}}\\ \text{\text{\text{\text{\texit{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\texi}\tint{\text{\texi}\text{\texint{\text{\texit{\text{\text{\texi}\tint{\text{\texi}\text{\texit}			
Area Code and Phone				
9. TYPE OF STATEMENT	Area Code and Phone			
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 Gen	eral 9e Dissolution of Candidate Committee			
Convention	ool Effective Date of Dissolution			
Special				
Date of Election, Convention or Caucus 08/04/09	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 rec Schedules. Direct contributions, in-kind contributions, loans, expen 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 before the filing deadline of a required campaign statement, the	quired Campaign Statements. The Campaign Statements must include all applicable iditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. It is since the information was shown on the committee's Statement of Organization, an is Campaign Statement. If a request for a Reporting Waiver is not received on or at campaign statement cannot be waived.			
Verification: I\We certify that all reasonable diligence was used in ny\our knowledge and belief the contents are true, accurate and core.	n the preparation of this statement and attached schedules (if any) and to the best of mplete.			
Current Treasurer or				
Designated Record keeper	Date			
Type or Print Name	Signature			
Candidate <u>Jernon Functional</u> Type or Print Name	Signature Date 10 (23/09)			
Type of Friday and	Olynature			



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

2. Committee Name

The Committee to Elect Stephen Kunselman for Council

enter contributor's name and address. It 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)
Contribution # 1 Name & Address:	PAC Receipt?	YES 4. Date of R	eceipt 07/29/09	•	
Koli Enterprises	LLC	•			
1017 Broadway				_s 200	200
Ann Arbor, MI 48	8105			<u>\$ 200</u>	\$ 200
5. If over \$100.00 cum	ulative, please pro	ovide:		Click Here	for Memo Itemization
Occupation		Employer		0,,51, 1,51,5	io momo nomization
Business Address sar	ne				
Type of Contribution:	✓ Direct	Loan from a person	Fund Raiser		
3. Contribution #2 Name & Address	PAC Receipt?	YES 4. Date of Re	eceipt 07/30/09		
Joan Overmire					
3210 Nordman				_s 200	_s 200
Ann Arbor, MI 48	3108		·		
5. If over \$100.00 cum	ulative, please pro	vide:		Click Here f	or Memo Itemization
Occupation retired		_ Employer			
Business Address					
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
3. Contribution # 3 Name & Address:	PAC Receipt?	YES 4. Date of R	eceipt 07/26/09		
Arbor Brewing C 114 E. Washingt Ann Arbor, MI 48 5. If over \$100.00 cumu	on 3104			\$ 500 Click Here fo	\$ 500
	native, please pro		,		
Occupation		Employer			•
Business Address same Type of Contribution:	Direct	Loan from a person	✓ Fund Raiser		
. Contribution # 4 lame & Address	PAC Receipt?	YES 4. Date of R	eceipt		
				•	
			•	φ	\$
5. If over \$100.00 cumulative, please provide:			Click Here fo	r Memo Itemization	
Occupation		Employer		onen i iono io	THOMAS TOTAL CONTROL OF THE CONTROL
Business Address					
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
to the			Page Subtotal	\$50.00	
Grand Total of All Schedules 1A			\$50.00	-	
			mplete on last page of Schedule)	Enter this total on	J
Pageof				line 3a of Summary Page	