CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

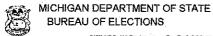
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statemen	t covers From: 08/24/09	to 10/18/09		
1, Committee I.D. Number	4. Candidate La	ast Name First	Name M.I.		
C-2006-025	Kunselman Stephen				
2. Committee Name	4a. Office Sought Including District # or Community Served (If applicable)				
The Committee to Elect Stephen Kunselman for Council	City Council				
5. Committee's Mailing Address	ļ	sidence Washtenaw			
2885 Butternut Street	6. Treasurer's Name & Residential Address Robert Cain 1306 Fountain Street				
Ann Arbor, MI 48108					
	Ann Arbor, MI 48103				
	Aim Aiboi,	WII 40 103			
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.	Area Code & Phone (734) 761-4649				
7. Treasurer's Business Address	8 Designated Re	ecord keeper's Name and Mailing	Address (If the committee has a		
Same	Designated Reco	ora keeper)	2		
•	None		ω		
		•	U 1 2 .		
			N 10 10 10 10 10 10 10 10 10 10 10 10 10		
Area Code and Phone	Area Code and F	hone			
9. TYPE OF STATEMENT	**************************************	[The second secon		
9a. Pre-Election OR 9b. Post-Election 9c. Annual Statement (Coverage Year)					
Pre-Election or Post-Election Statement relates to:			n Statement (Complete Item 9a, 9b, 9c tatement is being amended)		
Primary	9e. Dissolution of Candidate Committee				
Convention	ool	Effective Date of Dissolution			
Special	cus 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				
Date of Election, Convention or Caucus	the dissolution cannot be granted, that this be considered a request for				
11/03/09 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 S nditures, and outsta	tatements. The Campaign Statem inding debts count against the \$1,0	nents must include all applicable 200 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 to before the filling deadline of a required campaign statement, the	ed since the informatic of State	ation was shown on the committee ment. If a request for a Reportin	's Statement of Organization, an ig Waiver is not received on or		
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 mylour knowledge and belief the contents are true, accurate and complete.					
Current Treasurer or	•				
Designated Record keeper	<u> </u>		- Date		
Type or Print Name Signature					
candidate Stephen Kunselman	Man	Shullown	10/23/09		
Type or Print Name	Signature	El monton	Date		

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

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name The Committee to Elect Stephen Kunselman for Council

RECEIPTS CANDIDATE COMMITTEE	Column I	Column II
3. Contributions	This Period	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 50.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ \$50.00	(18.) \$ \$2,871.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.)\$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$50.00	(20.) \$ \$2,871.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$ \$500.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ \$4.99	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ _\$4.99	(23.) \$ \$2,893.11
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.)\$ \$6.03	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)		
DEBTS AND OBLIGATIONS	(11.) \$ \$6.03	(24.) \$ \$11.64
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	(40k \ 0	
	(12b.) \$BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ \$12.22	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ \$50.00	
(Line 5, Total Contributions & Other Receipts)	(15.) = \$_\$62.22	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(16.) - \$ \$11.02	
(Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ \$51.20	*



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

2. Committee Name The Committee to Elect Stephen Kunselman for Council

·		7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)	
Contribution # 1 PAC Receipt? YES 4. Date of Receipt 08/23/09 Name & Address:			
Christine Crockett			
506 E. Kingsley	_s 50	ູ 50	
Ann Arbor, MI 48104	\$.	
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			
Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address			
	\$	\$	
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 #3 PAC Receipt? YES 4. Date of Receipt	e an an an an an an an de sea de sette an athribe an an an an athribe an		
Name & Address:			
	•		
	\$	\$	
5. If over \$100.00 cumulative, please provide:	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			
Name & Address			
Name & Address			
Name & Address	\$	\$	
	\$	\$	
Name & Address 5. If over \$100.00 cumulative, please provide: Occupation Employer	S Click Here for	\$Memo Itemization	
5. If over \$100.00 cumulative, please provide: Occupation Employer	SClick Here for	\$ Memo Itemization	
5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address	S 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		\$Memo Itemization	
5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	Click Here for 50.00	\$Memo Itemization	
5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal \$		\$Memo Itemization	