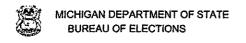
CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by	3. This Statement covers From: -1/10/		
the treasurer (or designated record keeper) and candidate.	1/18/2011 to 8/22/2011		
	4. Candidate Last Name First Name M.I.		
C-2006-025	4a. Office Sought Including District # or Community Served (If applicable)		
2. Committee Name			
the Committee to Elect	Ann Arbor City Council		
Stephen Kunselman for Council	4b. County of Residence Hatheraus		
5. Committee's Mailing Address	6. Treasurer's Name & Residential Address		
2885 Butternut St.	Robert Cain : # ==		
Ann Arbor, MI 48108	1306 Fountain Start		
(-) (-)	1 1300 1300 1300 1300 1300 1300 1300 13		
Area Code and Phone (34) 175 - 4604	ANN AN W 1 11 4000 5 5 5		
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.	(73A) 7(1-A(AO) ON		
7. Treasurer's Business Address	A Pagingstod Record Record Name and Mail and Mai		
	Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)		
Same	Manage W ST		
·	Co OM		
	A III.		
	972		
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 Gen	9e. Dissolution of Candidate Committee		
	Effective Date of Dissolution		
Convention	ool Substitution		
Special			
	By checking this item, NVe 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.		
0/2/11	Note: The disposition of residual funds must be reported on Schedule		
A committee that does not have a Reporting Waiver must file all rec	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 filling deadline of a required campaign statement, that campaign statement cannot be waived.			
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 filling deadline of a required campaign statement, the	uited Campaign Statements. The Campaign Statements must include all applicable ditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. It is 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.		
amendment to the Statement of Organization should accompany to before the filing deadline of a required campaign statement, the	d since the anormation 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.		
amendment to the Statement of Organization should accompany the before the filing deadline of a required campaign statement, the to. Verification: IWVe certify that all reasonable diligence was used in mylour knowledge and belief the contents are true, accurate and concurrent Treasurer or Designated Record keeper	of 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. If the preparation of this statement and attached schedules (if any) and to the best of implete.		
amendment to the Statement of Organization should accompany the before the filing deadline of a required campaign statement, the to. Verification: IWVe certify that all reasonable diligence was used in my our knowledge and belief the contents are true, accurate and concurrent Treasurer or	at since the anormation was shown on the committee's Statement of Organization, an is Campaign Statement. If a requiest for a Reporting Waiver is not received on or at campaign statement cannot be waived. If the preparation of this statement and attached schedules (if any) and to the best of uplete.		



SUMMARY PAGE CANDIDATE COMMITTEE

1. Committee I.D. Number <u>C-2006-025</u>
2. Committee Name Elect Stephan Kuselman

CANDIDATE COMMITTEE	2. Committee Name 2000 1 0jc	DIE C LONDENACIO
RECEIPTS	Column I This Period	Column II
3. Contributions	1000	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$\Z\\ 75	
b. Unitemized (fess than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 1275	(18.)\$ 4025
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) s 1275	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.)\$ 56.05
7. in-Kind Expenditures (Schedule 18-łK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>2137.79</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(e) s <u>2137.79</u>	(23.) 8 3447,44
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ 40.99	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ 40.99	(24.)\$ 40.99
DEBTS AND OBLIGATIONS 12. Debts and Obligations		(61.)
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
	BALANCE STATEMENT	
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ 1508.56	1
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (the Previous County of the Previous C	(14.) + \$ <u>12.75,00</u>	
(Line 5, Total Contributions & Other Receipts)	(15.) = \$ <u>2783.56</u>	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(16.)- \$ \$178.78	
(Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 604.78	
·		



MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS**

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number 2. Committee Name CANDIDATE COMMITTEE Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount 7. Cumulative for middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Election Cycle for Each Committee. (PAC) Report all contributions from committees regardless of amount. Contributor (Through date of receipt) PAC Receipt? YES 4. Date of Receipt Name: Benson Address: 2450 Stone Rd, Ann Arbor, MI 48105 \$200 5. If over \$100.00 cumulative, please provide: Occupation Business Address Univer Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name: donderry Rd, Ann Arbar MI \$50 5. If over \$100.00 cumulative, please provide: Occupation Employer **Business Address** Type of Contribution: Direct Loan from a person ☐ Fund Raiser 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7/20/11 Thomas & Linda Heywood Address: P.O. Box 177, Dunder MI 48131 001 tt 5. If over \$100.00 cumulative, please provide: Occupation **Business Address** Type of Contribution: Direct Loan from a person Fund Raiser PAC Receipt? YES 3. Contribution #4 4. Date of Receipt Theodore Address: 2997 Devonshire Road, Ann Arbor, MI 48104 00E# 5. If over \$100.00 cumulative, please provide: occupation Ketwee **Business Address** Type of Contribution: Direct Loan from a person **Fund Raiser** Page Subtotal Grand Total of All Schedules 1A \$650 (Complete on last page of Schedule)

> Enter this total on line 3 of Summary Page.

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MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS**

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number C - 2006 - 025 2. Committee Name CANDIDATE COMMITTEE Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount 7. Cumulative for middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Election Cycle for Each Committee. (PAC) Report all contributions from committees regardless of amount. Contributor (Through date of receipt) PAC Receipt? YES 3. Contribution #1 4. Date of Receipt Name: Thomas & Joan Overmire Address: 3210 Mordman, Ann Arbor MI 48108 \$100 5. If over \$100.00 cumulative, please provide: Occupation **Business Address** Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Dr. Name: Kim Winick & Susan Wei 4. Date of Receipt 7/19/11 Address: 1045 Olivia Ave, Ann Arbor, MI 48104 5. If over \$100.00 cumulative, please provide: \$35 Occupation Employer **Business Address** Type of Contribution: Direct Loan from a person Fund Raiser bution#3 PAC Receipt? YES 4. Da Stewart & Jan Helsen 3. Contribution #3 4. Date of Receipt Address: 2975 Hickory Lane, Ann Arbor, MI 48104 00) th 5. If over \$100.00 cumulative, please provide: Occupation **Business Address** Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt Name: Kay Holsinger Y Douglas wood Address: 2300 Kent St., Ann Arber, MI 48103 OZE 5. If over \$100.00 cumulative, please provide: Occupation Employer **Business Address** Type of Contribution: X Direct Loan from a person **Fund Raiser** Page Subtotal 285 E Grand Total of All Schedules 1A (Complete on last page of Schedule)

> Enter this total on line 3 of Summary Page.

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MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number	-2006	-025	
2. Committee Name Elect	Stephan	Kuselman	_

CANDIDATE COMMITTEE		Circonservor
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 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 7/18/11 Name: Martin & Susan Hurwitz Address: 1520 Cambridge Rd, Ann Arbor, MI 48/04 5. If over \$100.00 cumulative, please provide:	\$ 100	
OccupationEmployer_ Business Address Type of Contribution: Circct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7/21 Name: Bthel Potts Address: 1014 Elder Blvd, Ann Arbor M1 48103 5. If over \$100.00 cumulative, please provide: OccupationEmployer_ Business Address Type of Contribution: \(\frac{1}{2} \) Direct	4 50	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7/24/11 Name: Carl & Beth Williams Address: 1860 Robert St. Ann Arbor M1 48104 5. If over \$100.00 cumulative, please provide: Occupation	d 25	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt Name: Thomas & Susan Whitaker Address: AAA Fifth Aue. Ann Arbor, MI 48104 5. If over \$100.00 cumulative, please provide: OccupationEmployer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	\$ 1∞	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	t 275	

Enter this total on line 3 of Summary Page.

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MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number	<u> 2005 -</u>	-025
2. Committee Name Elect	Stephen	Kurselman

CANDIDATE COMMITTEE 2. Continues Name 2.0	eci orpiu	ar randoman
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 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 81111		
Address: 3054 Williamsburg, Ann Arbor, MI 48108		Autycianoscia
5. If over \$100.00 cumulative, please provide:	\$ 15	
Occupation Employer	3	
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7/25 111 Name: Carrie Chobanian		
Address: 1230 Broadway St., Ann Arbor, MI 48105		
5. If over \$100.00 cumulative, please provide:	\$50	
Occupation Employer		,
Business Address		
Contribution #3 PAC Receipt? YES 4. Date of Receipt Name:		
Address:		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name:		
Address:	and the state of t	
5. If over \$100.00 cumulative, please provide:	¥1	
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)	À 65	
	#1275	·

Enter this total on line 3 of Summary Page.

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ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number <u>C-2006-025</u>	
2. Committee Name The Committee to Elect Stephen	

2 Nome and address of new addres	7 :		
Name and address of person or vendor to whom paid	Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name Horon Valley Printing Address 455.7 klashtenau Ave. Ann Arbor, MI 48108 [Fund Raiser Expenditure #2	Purpose: Printing Check box if this expenditure is payment of debt or obligation reported on previous statement	7/20/11	\$433.01
Name Huron Valley Printing Address 4557 Llaghteran Ave. Ann Arbor, MI 48108 [Fund Raiser	Purpose: Providing & Pailing Check box if this expenditure is payment of debt or obligation reported on previous statement	7/22/11	\$ 959,05
Expenditure #3 Name Huron Valley Printing Address A557 Machtenan Ave. Ann Arbor, MI 48108 [] Fund Raiser	Purpose: Proving Check box if this expenditure is payment of debt or obligation reported on previous statement	7/24 111	#372,06
Expenditure #4 Name Auton Valley Printing 4557 Mashtenau Address Ann Arbor, MI 48108 [] Fund Raiser	Purpose: Printing Check box if this expenditure is payment of debt or obligation reported on previous statement	7/29/11	#373,67
Expenditure #5 Name Address	Purpose:		
☐ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		

Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule) 2137*.*79 2137.79

Enter this total on line 8a of Summary Page

Page <u>5</u> of <u>5</u>