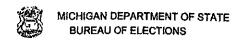
CANDIDATE COMMITTEE COVER PAGE

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:
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	Ann Arlor City Concil
Stephen Kinselman for Council	4b. County of Residence Lachtenan
5. Committee's Mailing Address 2885 Butternut St.	6. Treasurer's Name & Residential Address
3 51	Robert Cain
Ann Arbor, MI 48108	1306 Fantain St.
Area Code and Phone (734) 975 - 4604	Ann Arbar, MI 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 (734) 761 - 4649
7. Treasurer's Business Address	Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
<i><</i> .	· · · · · · · · · · · · · · · · · · ·
Same	MASHI MASHI
	DEE 2
Area Code and Phone	Area Code and Phone
9. TYPE OF STATEMENT	200 T 2
9a. Pre-Election OR 9b. Post-	t-Election 9c. Annual Statement (Colorage 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	Effective Date of Dissolution
Special Cauc	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 the Reporting Waiver.
- 0013	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 req	quired Campaign Statements. The Campaign Statements must include all applicable additions, 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 to	trainings, and outstanding debts count against the \$1,000 Reporting Waiver threshold. ed since the information was shown on the committee's Statement of Organization, an his Campaign Statement. If a request for a Reporting Waiver is not received on or hat campaign statement cannot be waived.
before the filing deadline of a required campaign statement, the	nat campaign statement cannot be waived.
io. Verification: IWe certify that all reasonable diligence was used in ny/our knowledge and belief the contents are true, accurate and con	in the preparation of this statement and attached schedules (if any) and to the best of implete.
Current Treasurer or	
Designated Record keeper/ Type or Print Name	/ Signature Date
Sladink	
candidate TENAN Funselman,	1 Muluaus Date 7/26/13
Authority granted under P.A. 388 of 1976	Signature



SUMMARY PAGE

1. Committee I.D. Number	C-Z006	-025

CANDIDATE COMMITTEE RECEIPTS Column I Column II This Period Cumulative this election cycle 3. Contributions a. Itemized (Schedule 1A - Column 6) 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) 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 18-IK, Column 6) (22.) \$_ **EXPENDITURES** 8. Expenditures (8a.) \$ 2525,59 a. Itemized (Schedule 1B, Column 6) b. Itemized Get-Out-the-Vote (Schedule 1B-G) (8b.) \$ _____ c. Unitemized (less than \$50.01 each - no Schedule) (8c.) \$ ___ (9) \$ 2525. 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) (23.) \$ 2525.59 INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) 10. Disbursements a. Itemized (Schedule 1C, Column 6) (10a.) \$ _____ b. Unitemized (less than \$50.01 each - no Schedule) (10b.) \$ _____ 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) (11.) \$ _____ (24.)\$ **DEBTS AND OBLIGATIONS** 12. Debts and Obligations 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 (13.) \$ (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCÉ (Subtract line 16 from line 15)



MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Commíttee I.D. Number	<u>C-2006-025</u>	
2. Committee Name E	ect Stephan Kunselma	ų/

CANDIDATE COMMITTEE 2. Committee Name_ 21	eer my	on ruseimo
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. 3. Contribution #1 PAC Receipt? VES. A Data of Pacific.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Name: Perry Soon Address: 1708 Fair St., Ann Arbor MI 48(03) 5. If over \$100.00 cumulative, please provide: Occupation Realter Employer SLP ASSOCIATES Business Address 1708 Fair St., Ann Arbor MI 48(03) Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 573113	\$300	#300
Address: 803 Datas St. Ann Avan M. 48103 5. If over \$100.00 cumulative, please provide: Occupation	\$100	throo-
Name: Rabhi, Peggy & Lanes Address: 1991 Doland Dr., Ann Arbor MI 48105 5. If over \$100.00 cumulative, please provide: OccupationEmployer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	#50 #50	#100
Name: Dahlmann, Dennis Address: 300 5, Thayer, Ann Arbor, MI, 48104 5. If over \$100.00 cumulative, please provide: Occupation	# 200	\$500
Page Subtotel Grand Total of All Schedules 1A (Complete on last page of Schedule)	1 10gpaco	

Enter this total on line 3 of Summary Page.

Page ______ of _____ 0



MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

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.	e, 6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 7/16/13		date of receipt)
I Name. W ve		
Address: 3043 Overridge, Ann Arbor, MI 48104	-	
5. If over \$100,00 cumulative, please provide:	00/8	1 time
OccupationEmployer		J 100
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt		
Name: Handerson, Many		
Address: 1416 Brooklyn, Ann Arber, MI 48104		
5. If over \$100.00 cumulative, please provide:	\$ 75.00	#70
OccupationEmployer	J. 10.4	1 10
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	ł	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt Name:		
Address:		
5. If over \$100.00 cumulative, please provide:		i l
OccupationEmployer		
Business Address		.
Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution #4 PAC Receipt? YES 4. Date of Receipt Name:		
Address:		
5. If over \$100.00 cumulative, please provide:		ļ
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1/ (Complete on last page of Schedule)		· ·
	\$5755	
Page 4 of 9	Enter this total on line 3 of Summary Page.	

Page 14 of 19

Received by:
Mike Anglin Why dad ahir.

9863	Name THE COMMITTEE TO ELECT STEPHEN KUNSELMAN	9863
to Mike Anglin (and	Account No	Date 9-9/720
BAL FWD. DEPOSIT	Pay to the Order of Mike Anglin for Concil	\$ 600,00
DEPOSIT	One hundred re/cents	Dollars 🗈 Security Featurer Defails on Seck
THIS ITEM	Comerica Bank Comerica Bank www.comerica.com	
SUB-TOTAL	For	1
OTHER DEDUCT. (IF ANY) BAL, FWD.	1.01	IMP