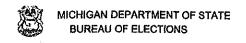
CANDIDATE COMMITTEE COVER PAGE

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: 10/28/14 to 12/3/14	
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)	
2. Committee Name	Councilmember, Llard 3, Ann Arbor	
Stephen Kunselman for Council	4b. County of Residence Lachtenaw	
5. Committee's Mailing Address	6. Treasurer's Name & Residential Address	
Stephen Kungelman	Robert Cain	
2885 Butternut St.	1 - 00 /	
1 1 100	1306 Fountain St.	
AMA AVOCY MI 48108 Area Code and Phone 734 - 975 - 4604	Ann Arbor, 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 - 76 (- 4649	
7. Treasurer's Business Address	8. Designated Record keeper's Name and Mailing Address (If the committee has a	
1306 Fantain St.	Designated Record Reeper)	
Ann Arbor, MI		
ANN Aroon, I'll		
48103	8. Designated Record keeper's Name and Mailing Address of the committee has a Designated Record keeper) Note: The committee has a Designated Record keeper's Name and Mailing Address of the committee has a Designated Record keeper's Name and Mailing Address of the committee has a Designated Record keeper's Name and Mailing Address of the committee has a Designated Record keeper's Name and Mailing Address of the committee has a Designated Record keeper's Name and Mailing Address of the committee has a Designated Record keeper's Name and Mailing Address of the committee has a Designated Record keeper's Name and Mailing Address of the committee has a Designated Record keeper's Name and Mailing Address of the committee has a Designated Record keeper's Name and Mailing Address of the committee has a Designated Record keeper's Name and Mailing Address of the committee has a Designated Record keeper's Name and Mailing Address of the committee has a Designated Record keeper's Name and Mailing Address of the committee has a Designated Record keeper's Name and Mailing Address of the committee has a Designated Record keeper's Name and Mailing Address of the committee has a Designated Record keeper's Name and N	
Area Code and Phone 734 - 761 - 4649	Area Code and Phone	
9. TYPE OF STATEMENT		
9a. Pre-Election OR 9b. Post	-Election 9c. X Annual Statement (<u>2014</u> Goverage Zar)	
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	9e. Dissolution of Candidate Committee	
	Effective Date of Dissolution	
Convention	ool	
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.		
-	Note: The disposition of residual funds must be reported on Schedule	
A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable		
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		
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.		
10. Verification: IWVe certify that all reasonable diligence was used in 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 complete.		
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Current Treasurer or Designated Record keeper/		
Type or Print Name Signature		
Stephen Kunselman Step L. Man 1177/15		
Candidate Trype or Print Name Signature		



1. Committee I.D. Number	<u>C-2006</u>	-025

SUMMARY PAGE ephan Kunseln 2. Committee Name **CANDIDATE COMMITTEE** RECEIPTS Column I Column li This Period 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 (18.) \$ 9016 c. Subtotal of "Contributions" (3c.) \$ ____ 0 4. Other Receipts (Schedule 1A -1, Column 6) (4.) \$ _____ (19.)\$ 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (5.) \$ _____ (Add Line 3c + Line 4) **IN-KIND CONTRIBUTIONS & EXPENDITURES** 6. In-Kind Contributions (Schedule 1-IK, Column 7) (6.) \$ ____ 7. In-Kind Expenditures (Schedule 1B-IK, Column 6) (7.) \$ _____ **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.) \$ 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) (9.) \$ ___ 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.) \$ _ **DEBTS AND OBLIGATIONS** 12. Debts and Obligations a. Owed by the Committee (Schedule 1E) (12a.) \$ __ b. Owed to the Committee (Schedule 1E) BALANCE STATEMENT 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (14.) + \$_____ (Line 5, Total Contributions & Other Receipts) (15.) = \$___ 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)