



**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.

<p>1. Committee I.D. Number <b>C-2006-025</b></p> <p>2. Committee Name <b>Stephen Kunselman for Council</b></p> <p>5. Committee's Mailing Address <b>Stephen Kunselman 2885 Botternut St. Ann Arbor, MI 48108</b> Area Code and Phone <b>734-975-4604</b> <small>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.</small></p> <p>7. Treasurer's Business Address <b>1306 Fountain St. Ann Arbor, MI 48103</b> Area Code and Phone _____</p>	<p>3. This Statement covers From: <b>1/1/15</b> to <b>7/19/15</b></p> <p>4. Candidate Last Name <b>Kunselman</b> First Name <b>Stephen</b> M.I. _____</p> <p>4a. Office Sought Including District # or Community Served (if applicable) <b>Councilmember, Ward 3, Ann Arbor</b></p> <p>4b. County of Residence <b>Washtenaw</b></p> <p>6. Treasurer's Name &amp; Residential Address <b>Robert Cain</b> <b>1306 Fountain St.</b> <b>Ann Arbor, MI 48103</b> Area Code &amp; Phone <b>734-761-4649</b></p> <p>8. Designated Record keeper's Name and Mailing Address (If the committee has Designated Record keeper) _____ Area Code and Phone _____</p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">FILED 2015 JUL 24 P 12:22 AVRANCE KESTENBAUM COUNTY CLERK/REGISTER</p>	
<p>9. TYPE OF STATEMENT</p> <p>9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus _____</p> <p>9c. <input type="checkbox"/> Annual Statement ( _____ Coverage Year)</p> <p>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)</p> <p>9e. <input type="checkbox"/> Dissolution of Candidate Committee</p> <p>Effective Date of Dissolution _____</p> <p><small>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.</small></p>	
<p><small>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 filing deadline of a required campaign statement, that campaign statement cannot be waived.</small></p>	
<p>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 my/our knowledge and belief the contents are true, accurate and complete.</p>	
<p>Current Treasurer or Designated Record keeper <b>ROBERT CAIN</b> _____ Date <b>7/24/15</b> Type or Print Name Signature</p> <p>Candidate <b>Stephen Kunselman</b> _____ Date <b>7/24/15</b> Type or Print Name Signature</p>	



1. Committee I.D. Number C-2006-025  
2. Committee Name Stephen Kunzelman

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>4135</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>4135</u>	(18.) \$ <u>4135</u>
<b>4. Other Receipts (Schedule 1A -1, Column 6)</b>	(4.) \$ <u>0</u>	(19.) \$ <u>0</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>4135</u>	(20.) \$ <u>4135</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
<b>6. In-Kind Contributions (Schedule 1-IK, Column 7)</b>	(6.) \$ <u>0</u>	(21.) \$ <u>0</u>
<b>7. In-Kind Expenditures (Schedule 1B-IK, Column 6)</b>	(7.) \$ <u>0</u>	(22.) \$ <u>0</u>
<b>EXPENDITURES</b>		
<b>8. Expenditures</b>		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>982.66</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0</u>	
<b>9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)</b>	(9.) \$ <u>982.66</u>	(23.) \$ <u>982.66</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
<b>10. Disbursements</b>		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0</u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ <u>0</u>	(24.) \$ <u>0</u>
<b>DEBTS AND OBLIGATIONS</b>		
<b>12. Debts and Obligations</b>		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0</u>	
<b>BALANCE STATEMENT</b>		
<b>13. Ending Balance of last report filed</b> (Enter zero if no previous reports have been filed.)	(13.) \$ <u>1285.39</u>	
<b>14. Amount received during reporting period</b> (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>4135.00</u>	
<b>15. SUBTOTAL Add lines 13 and 14</b>	(15.) = \$ <u>5420.39</u>	
<b>16. Amount expended during reporting period</b> (Add lines 9 and 11)	(16.) - \$ <u>982.66</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>4437.73</u> *	



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2006-025  
2. Committee Name Stephen Kuselman

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 <u>all</u> 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? <input type="checkbox"/> YES Name: <u>Dennis Dahlmann</u> Address: <u>300 S. Thayer Ann Arbor, MI 48104</u> 4. Date of Receipt <u>5/12/15</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Hotelier</u> Employer <u>Owner</u> Business Address <u>300 S. Thayer</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$1000	\$1000
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES Name: <u>Susan A. Perry</u> Address: <u>1708 Fair St. Ann Arbor, MI 48103</u> 4. Date of Receipt <u>6/16/15</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Realtor</u> Employer <u>Self-</u> Business Address <u>1708 Fair St. Ann Arbor, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$300	\$300
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES Name: <u>Michael &amp; Leslie Morris</u> Address: <u>1023 Young Place Ann Arbor, MI 48105</u> 4. Date of Receipt <u>6/17/15</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$100	\$100
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES Name: <u>Ahmed Ziani</u> Address: <u>5951 Redstone Ct. Ann Arbor, MI 48103</u> 4. Date of Receipt <u>6/20/15</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>En</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$50	\$50

Page Subtotal  
Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

\$1450

Enter this total on line 3 of Summary Page.



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3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/20/15</u> Name: <u>Don Gray</u> Address: <u>1704 Morten</u> <u>Ann Arbor, MI 48104</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$100	\$100
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/24/15</u> Name: <u>Michael &amp; Nina Homel</u> Address: <u>3473 Wooddale Ct.</u> <u>Ann Arbor, MI 48104</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$50	\$50
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/24/15</u> Name: <u>Eppie Potts</u> Address: <u>1014 Elder Blvd</u> <u>Ann Arbor, MI 48103</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$50	\$50
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/25/15</u> Name: <u>Don Wood</u> Address: <u>Kay Holsinger</u> <u>2300 Kent St., Ann Arbor, MI 48103</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$100	\$100
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$300	

Enter this total on  
line 3 of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
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CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2006-025  
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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 <u>all</u> 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? <input type="checkbox"/> YES Name: <u>Mary Hatheway</u> 4. Date of Receipt <u>7/9/15</u> Address: <u>1407. Lakefield Ave.</u> <u>Ann Arbor, MI 48103</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$50	\$50
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES Name: <u>Kill Hatheway</u> 4. Date of Receipt <u>7/9/15</u> Address: <u>3424 Steve St.</u> <u>Ann Arbor, MI 48103</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$100	\$100
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES Name: <u>Eleanor Lynn</u> 4. Date of Receipt <u>6/26/15</u> <u>Marc Eisen</u> Address: <u>1321 Forest Ct., Ann Arbor, 48104</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$25	\$25
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES Name: <u>Frank &amp; Julia Casa</u> 4. Date of Receipt <u>7/2/15</u> Address: <u>1410 Hill St.</u> <u>Ann Arbor, MI 48104</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$200	\$200
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$375	

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3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES Name: <u>Stephen &amp; Agnes Reading</u> Address: <u>161 Lavin Court</u> <u>Ann Arbor, MI 48105</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$100	\$100
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES Name: <u>Ann Larimore</u> Address: <u>916 Olivia</u> <u>Ann Arbor, MI 48104</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$100	\$100
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES Name: <u>Faye Obasawara</u> Address: <u>3273 McLomb</u> <u>Ann Arbor, MI 48108</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$100	\$100
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES Name: <u>Joan &amp; Tom Overmire</u> Address: <u>3210 Nerdman</u> <u>Ann Arbor, MI 48108</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$150	\$150
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$450	

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MICHIGAN DEPARTMENT OF STATE  
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**ITEMIZED CONTRIBUTIONS  
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CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2006-025  
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3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/18/15</u> Name: <u>Gary Supanich</u> Address: <u>Louise Stein</u> <u>1307 S. Forest Ave, Ann Arbor, MI 48104</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$25	\$25
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/18/15</u> Name: <u>Bob Daseola</u> Address: <u>1815 Baldwin</u> <u>Ann Arbor, MI 48104</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$100	\$100
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/18/15</u> Name: <u>John &amp; Gwen Nyotuen</u> Address: <u>1016 Olivia</u> <u>Ann Arbor, MI 48104</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$300	\$300
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/18/15</u> Name: <u>Dawn Bizzell</u> Address: <u>David Blahammer</u> <u>1614 Long Shore Dr., Ann Arbor, MI 48105</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$150	\$150
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$575	

Enter this total on line 3 of Summary Page.



MICHIGAN DEPARTMENT OF STATE  
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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2006-025  
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3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES Name: <u>Christine Hildebrand</u> Address: <u>2115 Devonshire</u> <u>Ann Arbor, MI 48104</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$75	\$75
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES Name: <u>Jane Michener</u> Address: <u>2115 Devonshire</u> <u>Ann Arbor, MI 48104</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$25	\$25
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES Name: <u>Anne Bonnicorder</u> Address: <u>612 N. Main</u> <u>Ann Arbor, MI 48104</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$30	\$30
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES Name: <u>Carmie Mayfield</u> Address: <u>2827 Parkwood</u> <u>Ann Arbor, MI 48104</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$50	\$50
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$180	

Enter this total on  
line 3 of Summary  
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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS  
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CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2006-025  
2. Committee Name Stephan Kunselman

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 <u>all</u> 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? <input type="checkbox"/> YES	4. Date of Receipt	<u>6/18/15</u>		
Name:	<u>Peter Bekstein</u>				
Address:	<u>2551 Londonderry Ann Arbor, MI 48104</u>				
5. If over \$100.00 cumulative, please provide:					
Occupation	<u>Retired</u>				
Employer	_____				
Business Address _____					
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser					
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	<u>6/18/15</u>		
Name:	<u>Cecile Lamb/Jack Baden</u>				
Address:	<u>1606 Dickson Drive Ann Arbor, MI 48103</u>				
5. If over \$100.00 cumulative, please provide:					
Occupation	<u>Retired</u>				
Employer	_____				
Business Address _____					
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser					
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	<u>6/18/15</u>		
Name:	<u>Doug &amp; Andrea Van Houweling</u>				
Address:	<u>920 Lincoln Ann Arbor, MI 48104</u>				
5. If over \$100.00 cumulative, please provide:					
Occupation	<u>Retired</u>				
Employer	_____				
Business Address _____					
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser					
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	<u>6/18/15</u>		
Name:	<u>Roy Dettler</u>				
Address:	<u>120 N. Division Ann Arbor, MI 48104</u>				
5. If over \$100.00 cumulative, please provide:					
Occupation	_____				
Employer	_____				
Business Address _____					
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser					
Page Subtotal					
Grand Total of All Schedules 1A					
(Complete on last page of Schedule)					
				<u>\$475</u>	

Enter this total on line 3 of Summary Page.



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3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES Name: <u>Mary Ellen &amp; Bob Cain</u> Address: <u>1306 Fountain St. Ann Arbor, MI 48103</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$50	\$50
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES Name: <u>John &amp; Jane Lippman</u> Address: <u>3075 Overridge Ann Arbor, MI 48104</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$200	\$200
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES Name: <u>Elizabeth Hunter</u> Address: <u>827 Bruce Ann Arbor, MI 48103</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$20	\$20
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES Name: <u>Ken Malgor</u> Address: <u>2084 Liberty Heights Ann Arbor, MI 48103</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$20	\$20
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$290	

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1. Committee I.D. Number C-2006-025  
2. Committee Name Stephen Kunzelman

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 <u>all</u> 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? <input type="checkbox"/> YES Name: <u>Richard DeVarti</u> Address: <u>2205 Brockman</u> <u>Ann Arbor, MI 48104</u> 4. Date of Receipt <u>6/18/15</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$20	\$20
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES Name: <u>Michael Koery</u> Address: <u>2010 Medford</u> <u>Ann Arbor, MI 48104</u> 4. Date of Receipt <u>6/18/15</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$20	\$20
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES Name: _____ Address: _____ 4. Date of Receipt _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES Name: _____ Address: _____ 4. Date of Receipt _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal  
Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

\$ 40  
\$4135

Enter this total on  
line 3 of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

1. Committee I. D. Number C-2006-025  
2. Committee Name Stephen Kunzelman

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>GoDaddy</u> Address <u>14455 N. Hayden Rd, Ste 219</u> <u>Scottsdale, AZ 85260</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Website</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/11/15</u>	<u>\$109.90</u>
Expenditure #2 Name <u>U.S. Post Service</u> Address <u>Liberty Station</u> <u>200 E. Liberty</u> <u>Ann Arbor, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Stamps</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/12/15</u>	<u>\$98</u>
Expenditure #3 Name <u>Fed Ex Office</u> Address <u>2800 S. State St</u> <u>Ann Arbor, MI 48104</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Printing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/15/15</u>	<u>\$60.09</u>
Expenditure #4 Name <u>Domnick's</u> Address <u>812 Monroe</u> <u>Ann Arbor, MI</u> <u>48104</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Food</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/18/15</u>	<u>\$163.47</u>
Expenditure #5 Name <u>City Printing</u> Address <u>411 W. Cross St.</u> <u>Ypsilanti, MI 48198</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/1/15</u>	<u>\$556.20</u>

Subtotal this page  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

\$982.66  
\$982.66

Enter this total  
on line 8a of  
Summary Page