



**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: 1/1/15 to 7/19/15

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

2. Committee Name
Stephen Kunselman
for Council

4. Candidate Last Name Kunselman First Name Stephen M.I. -

4a. Office Sought Including District # or Community Served (if applicable)
Councilmember, Ward 3, Ann Arbor

4b. County of Residence Washtenaw

5. Committee's Mailing Address
Stephen Kunselman
2885 Butternut St.
Ann Arbor, MI 48108
734-975-4604

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.

6. Treasurer's Name & Residential Address
Robert Cain
1306 Fountain St.
Ann Arbor, MI 48103

Area Code & Phone 734-761-4649

7. Treasurer's Business Address
1306 Fountain St.
Ann Arbor, MI
48103

Area Code and Phone 734-761-4649

8. Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper)
-

Area Code and Phone _____

FILED
WASHTENAW COUNTY, MI
JUL 27 A 10:56
MARCE KESTERBAUM
COUNTY CLERK/REGISTRAR

9. TYPE OF STATEMENT

9a. Pre-Election OR 9b. Post-Election

Pre-Election or Post-Election Statement relates to:

Primary General
 Convention School
 Special Caucus

Date of Election, Convention or Caucus
August 4, 2015

9c. Annual Statement (_____ Coverage Year)

9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. Dissolution of Candidate Committee

Effective Date of Dissolution

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.

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.

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.

Current Treasurer or Designated Record keeper _____ Date _____
Type or Print Name _____ Signature _____

Candidate Stephen Kunselman _____ Date 7/27/15
Type or Print Name _____ Signature _____



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 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? <input type="checkbox"/> YES 4. Date of Receipt <u>6/18/15</u> Name: <u>Joan & Tom Overmire</u> Address: <u>3210 Nordman, Ann Arbor, MI 48108</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 |
| 3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: _____ Address: _____ 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 # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: _____ Address: _____ 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 4. Date of Receipt _____ Name: _____ Address: _____ 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)

Enter this total on
line 3 of Summary
Page.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

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

- USE A SEPARATE SHEET FOR EACH EVENT -

| | | | |
|--|---|---|--|
| 3. Date Event Was Held <u>6/18/15</u> | 4. Number of Individuals Attending or Participating (whichever is greater) <u>25</u> | 5. Type of Fund Raising Activity <u>meet & greet</u> | 6. Address and Name (if any) of the place where the activity was held. <u>Dominick's</u> <u>812 Monroe</u> <u>Ann Arbor, MI 48104</u> <input type="checkbox"/> Private Residence |
|--|---|---|--|

7. Total Contributions \$ 1910
8. Other Receipts -
9. Gross Receipts (Add lines 7 and 8) \$ 1910
10. Total Cost of Event \$ 223.56
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. Check if event was a joint fund raiser and complete the following:

| Co-Sponsor(s) | Contribution Split (%) | Expenditure Split (%) |
|---------------|------------------------|-----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.