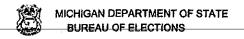
CANDIDATE COMMITTEE

FOR OFFICIAL USE ONLY

COVER PAGE					
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: 7/26/16 to 10/20/16				
1. Committee I.D. Number	4. Candidate Last Name First Name M.I.				
C-2006-025	Kunselman Stephen				
	4a. Office Sought Including District # or Community Served (if applicable)				
2. Committee Name Stephen Kunselman	Councilmonder, Llard 3, Ann Arber				
for Council	4b. County of Residence (ashtena)				
5. Committee's Mailing Address	6. Treasurer's Name & Residential Address				
stephen Kunselman	Robert Cain,				
2885 Butternut 54.	1306 Fourtain St.				
Ann Arbor, MI 48108	Ann Arbor, MI				
Area Code and Phone <u>134-975-4604</u>	[
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.	48.03 Area Code & Phone 734 - 761 - 4649				
					
7. Treasurer's Business Address	8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)				
1306 Fourtain St.					
Ann Arbor, MI	TENANT 2				
42.03	25 CD				
Area Code and Phone 734 - 761 - 4649	Area Code and Phone				
9. TYPE OF STATEMENT	₩ X				
9a. Pre-Election OR 9b. Post	st-Election 9c. Annual Statement (Coverage Year)				
Pre-Election or Post-Election Statement relates to:	2 Port 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				
	Effective Date of Dissolution				
Convention	ol				
Special	By checking this item, I/We certify that the committee has no assets or				
Date of Election, Convention or Caucus	outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for				
Marco 4/0/ 9 201/	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 re-	ruised 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.					
10. Verification: IWe certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of					
rny\u00f3our knowledge and belief the contents are true, accurate and complete.					
Current Treasurer or					
Designated Record keeper/					
Candidate Stephen Kuse man, Son Muluam Date 10/25/16					
Candidate TT IIVCV \ COVIDER IVVICIONI	1 Chan Mullian Cicollia 1				

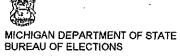


(Add lines 9 and 11) 17. ENDING BALANCE

(Subtract line 16 from line 15)

1. Committee I.D. Number	C –	5006	-025	۲

SUMMARY PAGE 2. Committee Name **CANDIDATE COMMITTEE** RECEIPTS Column I Column ii This Period Cumulative this election cycle 3. Contributions a, Itemized (Schedule 1A - Column 6) (3a.) \$ ___ b. Unitemized (less than \$20.01 each - no Schedule) NOT APPLICABLE (3b.) \$ c. Subtotal of "Contributions" (3c.) \$ ___ (18.) \$ 4. Other Receipts (Schedule 1A -1, Column 6) (4.) \$ ___ (19.) \$ ___ 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (5.) \$ _____ (20.) \$ ____ (Add Line 3c + Line 4) IN-KIND CONTRIBUTIONS & EXPENDITURES 6. In-Kind Contributions (Schedule 1-IK, Column 7) (6.) \$ ____ (21.) \$_ 7. In-Kind Expenditures (Schedule 1B-IK, Column 6) (22.) \$ **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) 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 (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



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

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 Washferran County (levk Address Ann Arber, MI)	Purpose: FVC		
Address A have No		8/3/16	A170
HULL AVOCK 1 1811	Check box if this expenditure is payment of	16	W 72
☐ Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name	Purpose:		,
Address			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			<u> </u>
Name	Purpose:		
Address			·
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name	Purpose:		
Address .	·		
Address	Check box if this expenditure is payment of	-	
Fund Raiser	debt or obligation reported on previous statement	•]	
Expenditure #5	•		
·		1	-
Name	Purpose:	ļ	
Address	3		
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subtotal this	page	1125
·	Grand Total of all Schedu (Complete on last page of Sch	les 1R	X 125

Enter this total on line 8a of Summary Page

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