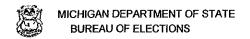


CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible typed or printed in ink and cined by	2 This Observation Francisco
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 24 17 to 8 28 17
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)
Stephen Kunselman for	Councilmember, Ward 3, Ann Arbor
Council	4b. County of Residence Hasheraw
5. Committee's Mailing Address	6. Treasurer's Name & Residential Address
Stechen Kurselman.	Robert Cain.
2885 Buttemut 31.	
	1306 Fountain St.
Ann Arbor MI 48108	Ann Arbor MI
Area Code and Phone (134) 975 - 4604	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	8. Deskunated Record keeper's Name and Mailing Address (If the committee has a
1306 Fountain St.	Designated Record Resper)
Ann Arbor, MI 48103	
Area Code and Phone <u>(134)</u> 761-4649	Area Code and Phone
9. TYPE OF STATEMENT	
9a. Pra-Florian OR oh Mount	Flaction 9c. Annual Statement (Coverage Year)
9a. Pre-Election OR 9b. Post-	Election 9c. Annual Statement (Coverage 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)
[]	9e. Dissolution of Candidate Committee
Primary Gene	oral
Convention Scho	ol Effective Date of Dissolution
h	
Special	By checking this item, NWe 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
8/8/17	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 req	uired Campaign Statements. The Campaign Statements must include all applicable thures, and outstanding debts count against the \$1,000 Reporting Waiver threshold.
if any of the information listed in terms 2, 4, 5, 6, 7, or 8 has change	d since the information was shown on the committee's Statement of Organization, an
	d since the information was shown on the committee's Statement of Organization, an s Campaign Statement. If a request for a Reporting Waiver is not received on or it campaign statement cannot be waived.
Verification: IVVe certify that all reasonable diligence was used in tyour knowledge and belief the contents are true, accurate and con	the preparation of this statement and attached schedules (if any) and to the best of splete.
urrent Treasurer or	
esignated Record keeper	Date 9/7/17
Type or Print Name	Signature
Candidate Stephen Kuseling	W Steen Mulleaum 9/7/17
Type or Print Name	Signature

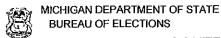


1. Committee I.D. Number C-2006-025

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name Stephen Kunselman for Council

CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions	C 015 120	
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>645.00</u>	
b. Uniternized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	401160
c. Subtotal of "Contributions"	(3c.) \$ <u>695.00</u>	(18.)\$ 68 14.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>695.00</u>	(20.)\$ (68.14.00
IN-KIND CONTRIBUTIONS & EXPENDITURES	, via	
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures	em a 1 d a	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 1281.47	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	(- a a a A
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>1331,47</u>	(23.)\$ 6589,24
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)	\$	
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Uniternized (less than \$50.01 each - no Schedule) 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS	(10b.) \$	
(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 (Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	(13.) $$3964.49$ (14.) $$695.00$ (15.) $$4659.49$ (16.) $$31.47$ (17.) $$3328.02$	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

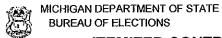
1. Committee I.D. Number

C-2006-025

2. Committee Name Stephen Kunselman for Council

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 regardless of amount.			6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)		
3. Contribution # 1 Name & Address: L L L P 3089 ANN Ar 5. If over \$100.00 cur Occupation		181 <i>0</i> 8 pvide:	ecei	ipt 7 28 (7	\$ Click Here fo	sor Memo Itemization
Business Address Type of Contribution:	Direct	Loan from a person		Fund Raiser		
, , , , ,	erdon bortme 4	8104	ecei	pt 7/24/17	\$ (OO	s (OO
5. If over \$100.00 cun Occupation					Click Here to	r Memo Itemization
Business Address						
Type of Contribution:	Direct	Loan from a person	Г	Fund Raiser		
3. Contribution # 3 Name & Address: The Od A 1 4 5 A 10 0 5. If over \$100.00 curr Occupation Period Business Address Type of Contribution:	tived	48104	ecei	ipt 7/25/17	s 300 Click Here for	\$ 300 Memo Itemization
3. Contribution # 4	PAC Receipt?	YES 4. Date of R	ece	ipt 7/24/17		
Mike 1411 M ANN AV 5. If over \$100.00 cum	Mapolish Tovion Ocr. Mil Julative, please pro				\$ 75	\$ 75
Occupation		_ Employer			Click Here for	Memo Itemization

Business Address	<u></u>	<u> </u>		Front Park		
Type of Contribution:	Direct	Loan from a person		Fund Raiser	3	
Page 3 122 of <u>6</u>		(Co		Page Subtotal and Total of All Schedules 1A ete on last page of Schedule)	Enter this total on line 3a of Summary Page.	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

2. Committee Name

Stephen Kunselman for Council

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 regardless of amount.	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 7 7 75 17 Name & Address: Michelle Devr 929 Olivia Ann Arbert 48104 5. If over \$100.00 cumulative, please provide:	\$ (OO \$ (OO SECTION SE
Occupation Employer	-
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	<u>. </u>
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 8/3/7 Name & Address Triska Drueke - Heusel	
2760 Bedferd	\$ (00) \$ (00)
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt Name & Address:	_
	\$\$
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
B. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address	-
	\$ \$
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	-
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
Page Subto	tal 206,00
Grand Total of All Schedules 1 (Complete on last page of Schedu	A (095.00
` '	Catanthia tatal an

Enter this total on line 3a of Summary Page.



SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

C-2006-025

2. Committee Name Stephen Kunselman for Council

	ommittee vaine
Name and address of person or vendor to whom paid	4. Purpose (Required Information) 5. Date 6. Amount
Expenditure #1 Name Unit PackCaging & Mailing 9 Address 119 Enterprise Dr. Ann Arber, MI 48103	Purpose: 725 17 \$ 310.96 Click Here for Memo Itemization Type Check box if this expenditure is payment of
Fund Raiser	debt or obligation reported on previous statement
Name City Printing Address 411 11. Cvoss St.	Purpose: Printing 7/27/17 \$ 140.98
Tps:/out/, M1	Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #3 Name C: The Printing Address 411 LL. Cross St.	Purpose: Printing Type \$ 100.70
The Land Miles	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #4 Name 5 Laples Address 2601 Jacksen Ann Arber, MI	Purpose:
Fund Raiser 48.03	debt or obligation reported on previous statement
Expenditure #5 Name City Drinting Address 411 11. (ross St. 48198	Purpose: Date \$ 32.50 Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement
	Subtotal this page S48,91 Grand Total of all Schedules 1B (Complete on last page of Schedule)

Enter this total on line 8a of Summary Page



ITEMIZED EXPENDITURES

C-2006-025

SCHEDULE ID	ommittee I. D. Number		
CANDIDATE COMMITTEE 2. Co	ommittee Name Stephen Kunselman for Council		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date 6. Amount	
Expenditure #1 Name City Printing Address All II. Cross St.	Purpose: Printing Click H	7 3 1 7 \$ 13250 Date ere for Memo Itemization Type	
Josilanti M(DFund Raiser 48198	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name the Committee to Bleet Down 5 Knowth Address Z048 Charlton St. #301	Purpose: Tavara act sev	Date T T T T T T T T T	
Ann Arber, M(48103) [Xifund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3 Name Ali Roun lawi for Council Address 428 S. Seventh St. Ann Arber, M. 48103 V. Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous	Date 100	
Expenditure #4 Name Tave Lumm for City Caural Address 3075 Overridge Dr. Ann Arbor, M. 48104	Purpose: Click H Check box if this expenditure is payment of debt or obligation reported on previous statement	Date \$ 100	
Expenditure #5 Name Address	Purpose:	\$	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	ere for Memo Itemization Type al this page 4225	

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

Enter this total on line 8a of Summary Page