



**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: 7/24/17 to 8/28/17

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 Bottemut 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
(734) 761-4649

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
2017 SEP - 1 P 3:14
JURISDICTION RESTORED
COUNTY CLERK/REGISTRAR
WASHTENAW COUNTY, MI

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
8/8/17

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 Robert Cain Date 9/7/17

Type or Print Name Signature

Candidate Stephen Kunselman Date 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

| RECEIPTS | Column I This Period | Column II Cumulative this election cycle |
|---|--------------------------------|---|
| 3. Contributions | | |
| a. Itemized (Schedule 1A - Column 6) | (3a.) \$ <u>695.00</u> | |
| b. Unitemized (less than \$20.01 each - no Schedule) | (3b.) \$ <u>NOT APPLICABLE</u> | |
| c. Subtotal of "Contributions" | (3c.) \$ <u>695.00</u> | (18.) \$ <u>6814.00</u> |
| 4. Other Receipts (Schedule 1A -1, Column 6) | (4.) \$ <u>0</u> | (19.) \$ <u>0</u> |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) | (5.) \$ <u>695.00</u> | (20.) \$ <u>6814.00</u> |
| IN-KIND CONTRIBUTIONS & EXPENDITURES | | |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7) | (6.) \$ <u>0</u> | (21.) \$ <u>0</u> |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6) | (7.) \$ <u>0</u> | (22.) \$ <u>0</u> |
| EXPENDITURES | | |
| 8. Expenditures | | |
| a. Itemized (Schedule 1B, Column 6) | (8a.) \$ <u>1281.47</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>50.00</u> | |
| 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) | (9.) \$ <u>1331.47</u> | (23.) \$ <u>6589.24</u> |
| INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) | | |
| 10. Disbursements | | |
| a. Itemized (Schedule 1C, Column 6) | (10a.) \$ <u>0</u> | |
| b. Unitemized (less than \$50.01 each - no Schedule) | (10b.) \$ <u>0</u> | |
| 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) | (11.) \$ <u>0</u> | (24.) \$ <u>0</u> |
| DEBTS AND OBLIGATIONS | | |
| 12. Debts and Obligations | | |
| a. Owed by the Committee (Schedule 1E) | (12a.) \$ <u>0</u> | |
| b. Owed to the Committee (Schedule 1E) | (12b.) \$ <u>0</u> | |
| BALANCE STATEMENT | | |
| 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) | (13.) \$ <u>3964.49</u> | |
| 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) | (14.) + \$ <u>695.00</u> | |
| 15. SUBTOTAL Add lines 13 and 14 | (15.) = \$ <u>4659.49</u> | |
| 16. Amount expended during reporting period (Add lines 9 and 11) | (16.) - \$ <u>1331.47</u> | |
| 17. ENDING BALANCE (Subtract line 16 from line 15) | (17.) \$ <u>3328.02</u> * | |



**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 <u>all</u> contributions 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>7/28/17</u> Name & Address: <u>Erik Proly</u> <u>3089 Turnberry</u> <u>Ann Arbor, MI 48108</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 | \$ <u>20</u> | \$ <u>20</u> Click Here for Memo Itemization |
| 3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/24/17</u> Name & Address: <u>John Carroll</u> <u>1411 Ferdan</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 | \$ <u>100</u> | \$ <u>100</u> Click Here for Memo Itemization |
| 3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/25/17</u> Name & Address: <u>Theodore Annis</u> <u>414 S. Main 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 | \$ <u>300</u> | \$ <u>300</u> Click Here for Memo Itemization |
| 3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/24/17</u> Name & Address: <u>Mike Napolitan</u> <u>1411 Morton</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 | \$ <u>75</u> | \$ <u>75</u> Click Here for Memo Itemization |

Page Subtotal 495
Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.



**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 <u>all</u> contributions 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>7/25/17</u> Name & Address: <u>Michelle Derr</u> <u>929 Olivia</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 | \$ <u>100</u> | \$ <u>100</u> Click Here for Memo Itemization |
| 3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8/3/17</u> Name & Address: <u>Trisha Droeke - Heusel</u> <u>2760 Bedford</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 | \$ <u>100</u> | \$ <u>100</u> Click Here for Memo Itemization |
| 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 | \$ _____ | \$ _____ Click Here for Memo Itemization |
| 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 | \$ _____ | \$ _____ Click Here for Memo Itemization |

Page Subtotal 206.00

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

695.00

Enter this total on
line 3a of Summary
Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2006-025
2. Committee Name Stephen Kunselman for Council

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
|---|--|--------------------------------|-------------------------|
| <p>Expenditure #1 Name <u>Unit Packaging & Mailing</u> Address <u>119 Enterprise Dr. Ann Arbor, MI 48103</u> <input type="checkbox"/> Fund Raiser</p> | <p>Purpose: <u>Mailing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p> | <p><u>7/25/17</u> Date</p> | <p>\$ <u>310.96</u></p> |
| <p>Expenditure #2 Name <u>City Printing</u> Address <u>411 W. Cross St. Ypsilanti, MI 48198</u> <input type="checkbox"/> Fund Raiser</p> | <p>Purpose: <u>Printing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p> | <p><u>7/27/17</u> Date</p> | <p>\$ <u>140.98</u></p> |
| <p>Expenditure #3 Name <u>City Printing</u> Address <u>411 W. Cross St. Ypsilanti, MI 48198</u> <input type="checkbox"/> Fund Raiser</p> | <p>Purpose: <u>Printing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p> | <p><u>7/31</u> Date</p> | <p>\$ <u>100.70</u></p> |
| <p>Expenditure #4 Name <u>Staples</u> Address <u>2601 Jackson Ann Arbor, MI 48103</u> <input type="checkbox"/> Fund Raiser</p> | <p>Purpose: <u>Supplies</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p> | <p><u>7/30</u> Date</p> | <p>\$ <u>163.83</u></p> |
| <p>Expenditure #5 Name <u>City Printing</u> Address <u>411 W. Cross St. Ypsilanti, MI 48198</u> <input type="checkbox"/> Fund Raiser</p> | <p>Purpose: <u>Printing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p> | <p><u>7/31</u> Date</p> | <p>\$ <u>132.50</u></p> |

Subtotal this page 848.97
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total on line 8a of Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2006-025
2. Committee 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 <u>City Printing</u> Address <u>411 N. Cross St. 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>7/31/17</u> Date | <u>\$ 13250</u> |
| Expenditure #2 Name <u>The Committee to Elect David Silkworth</u> Address <u>2048 Charlton St. #301 Ann Arbor, MI 48103</u> <input checked="" type="checkbox"/> Fund Raiser | Purpose: <u>Fundraiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>8/26/17</u> Date | <u>\$ 100</u> |
| Expenditure #3 Name <u>Ali Ramlawi For Council</u> Address <u>428 S. Seventh St. Ann Arbor, MI 48103</u> <input checked="" type="checkbox"/> Fund Raiser | Purpose: <u>Fundraiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>8/27/17</u> Date | <u>\$ 100</u> |
| Expenditure #4 Name <u>Jane Lunn For City Council</u> Address <u>3075 Overridge Dr. Ann Arbor, MI 48104</u> <input checked="" type="checkbox"/> Fund Raiser | Purpose: <u>Fundraiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>8/21/17</u> Date | <u>\$ 100</u> |
| Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser | Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | _____ Date | \$ _____ |

Subtotal this page 432.50
Grand Total of all Schedules 1B (Complete on last page of Schedule) 1281.97

Enter this total on line 8a of Summary Page