



**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: 1/1/18 to 7/20/18

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  
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 \_\_\_\_\_

9. TYPE OF STATEMENT

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

9c.  Annual Statement ( \_\_\_\_\_ Coverage Year)

Pre-Election or Post-Election Statement relates to:

Primary  General

Convention  School

Special  Caucus

Date of Election, Convention or Caucus  
8/7/18

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  
2018 JUL 25

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.

FILED  
2018 JUL 25  
WASHTENAW COUNTY, MI  
BUREAU OF ELECTIONS  
COURT HOUSE

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,  
Type or Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Candidate Stephen Kunselman,  
Type or Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date 7/25/18



**SUMMARY PAGE  
CANDIDATE COMMITTEE**

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

	Column I This Period	Column II Cumulative this election cycle
<b>RECEIPTS</b>		
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>0</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>0</u>	(18.) \$ <u>0</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0</u>	(19.) \$ <u>0</u>
5. <b>TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>0</u>	(20.) \$ <u>0</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
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>
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>600</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>	
9. <b>TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>600</u>	(23.) \$ <u>600</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (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. <b>TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ <u>0</u>	(24.) \$ <u>0</u>
<b>DEBTS AND OBLIGATIONS</b>		
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>	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>3192.71</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>0</u>	
15. <b>SUBTOTAL</b> Add lines 13 and 14	(15.) = \$ <u>3192.71</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>600</u>	
17. <b>ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>2592.71</u>	



**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>Jack Eaton for Mayer</u> Address <u>920 Vesper 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>4/22/18</u> Date	<u>\$ 100</u>
Expenditure #2 Name <u>Ali Ramlawi for Council</u> Address <u>428 S. Seventh 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>4/29/18</u> Date	<u>\$ 100</u>
Expenditure #3 Name <u>Alice Lieberman for City Council</u> Address <u>1129 Martin Pl. 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>6/2/18</u> Date	<u>\$ 100</u>
Expenditure #4 Name <u>Committee to Elect Yousef Rabbi</u> Address <u>1255 Kensington 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>6/19/18</u> Date	<u>\$ 100</u>
Expenditure #5 Name <u>Jeff Irwin for State Senate</u> Address <u>2542 Bellwood 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>6/11/18</u> Date	<u>\$ 100</u>

Subtotal this page 500  
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>Washtenaw County Clerk</u> Address <u>200 N. Main St. Suite 120 Ann Arbor, MI 48107</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Late Filing Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>2/6/18</u> Date	\$ <u>25</u>
Expenditure #2 Name <u>Washtenaw County Clerk</u> Address <u>200 N. Main St. Suite 120 Ann Arbor, MI 48107</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Late Filing Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>2/13/18</u> Date	\$ <u>75</u>
Expenditure #3 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	\$ _____
Expenditure #4 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	\$ _____
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 \$100  
Grand Total of all Schedules 1B (Complete on last page of Schedule) \$600

Enter this total on line 8a of Summary Page