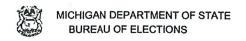
CANDIDATE COMMITTEE COVER PAGE

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: 10/21/18 to 12/31/18		
1. Committee I.D. Number	4. Candidate Las			
C-2006-025		selman Stephen		
2. Committee Name	4a. Office Sought Including District # or Community Served (If applicable) COUNCIL MEMBER: Valcand 3 Anna American			
Stephen Kunselman	COOVICE	Thremoer, raccord 5, Ann Ander		
for (ouncil	4b. County of Resi	RIG JITICILLO		
5. Committee's Mailing Address	6. Treasurer's Nar	ne & Residential Address		
Stephen Kunselynan	Robert Cain Day ASH			
2885 Butternut	1306	re a residential Address rt Cain Fountain St. SHTERT		
Ann Arber MI 48108	Ann	Arber, MI		
Area Code and Phone (734) 475 - 4604	4010	Ren - CE		
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may	Assa Onda 8 Phon	(73A) 761 A6497 D 5		
be sent to this address by the filing official.	Area Code & Phon			
7. Treasurer's Business Address	8. Designated Red Designated Reco	cord keeper's Name and Mailing Address (If the committee has a did keeper)		
1306 Fourtain St.	_	ma -		
Ann Arber, MI				
48103	ь	4		
Area Code and Phone (734) 761 - 4649	Area Code and Pl	none		
9. TYPE OF STATEMENT				
9a. Pre-Election OR 9b. Post	-Election	9c. Annual Statement (2018 Coverage Year)		
		9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c		
Pre-Election or Post-Election Statement relates to:		or 9e to indicate which Statement is being amended)		
Primary	neral	9e. Dissolution of Candidate Committee		
Convention	nool	Effective Date of Dissolution		
Special Cau	cus			
		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		
Date of Election, Convention or Caucus		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 Robert (C)				
Designated Record keeper Type or Print Name Signature Date				
Candidate Stephen Kinselman, Jane muhlem pate 113/19				
Type or Print Name Signature				



SUMMARY PAGE CANDIDATE COMMITTEE

1. Committee I.D. Number <u>C-2006-025</u>

2. Committee Name <u>Shephen Kushman fer (awail</u>

RECEIPTS	Column i	Column II
3. Contributions	This Period	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES		
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		
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)	(9.) \$	(23.) \$
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)		~
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$	(24.) \$
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.)	(13.) \$ 2592.71	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	
,	(15.) = \$ 2592.71	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	
(Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 2592.71	*