

CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

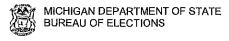
Report must be legible, typed or printed in ink and signed the treasurer (or designated record keeper) and candidated the treasurer (or designated record keeper) and candidated the treasurer in	by 3. This Statement covers From e.	^{m:} 01/01/20 _{to} 12/31/20		
1. Committee I.D. Number	4. Candidate Last Name	First Name	M.I.	
C-2006-025	Kunselman	Stephen		
	4a. Office Sought Including Di	istrict # or Community Served (If applicable)	·	
2. Committee Name	Ann Arbor City Counc	cil, Ward 3	X	
Stephen Kunselman for Council	4b. County of Residence WA	SHTENAW		
5. Committee's Mailing Address	6. Treasurer's Name & Resid	ential Address		
Stephen Kunselman 2885 Butternut St.		Robert Cain		
Ann Arbor, MI 48108	Ann Arbor, MI 4810	1306 Fountain St.		
7 4117 (1001), 1411 - 10100	Ann Alboi, Wi 4010			
(724) 075 4604			**	
Area Code and Phone (734) 975-4604 If the address in this box is different from the committee			AS	
mailing address on the Statement of Organization, mail mabe sent to this address by the filing official.	Area Code & Phone (734)	761-4649 <u>こ</u>	WASHTE	
7. Treasurer's Business Address	***	r's Name and Address (If the committee has	.Z-77	
1306 Fountain St.	Designated Record Keeper)			
Ann Arbor, MI 48103			80	
			YTHUO O	
d say ang patang ang ang ang ang ang ang ang ang ang	Secure - Authority	<u> </u>	-₹	
		ade 3	<u> </u>	
Area Code and Phone (734) 761-4649				
Area Code and Phone (734) 761-4649	Area Code and Phone	9e. Dissolution of Candidate Committee		
9. TYPE OF STATEMENT Regi	uired ONLY if candidate	9e. Dissolution of Candidate Committee	,	
9a. Pre-Election OR 9b. Post-Election is no	t on the ballot for the ent year:	By checking this Item I/We certify any by the committee to the candidate or his or	outstanding debt	
Pre-Election or Post-Election Statement relates to:	m your.	by discharged and forgiven, and no longer the committee. The committee has no oust	collectible from	
Primary Ju	ly Quarterly	owes no lates fees or has any oustanding d		
	ctober Quarterly			
General St		Further, if the dissolution cannot be granted considered a request for the Reporting Wain	, that this be ver.	
Convention				
Special 9c.	Annual Statement (2020)			
School	Coverage Year	Effective date of dissolution		
Caucus 9d.	Amendment to Campaign Statement			
	(Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being	Note: The disposition of residual funds mus	t be reported on	
	amended.)	Schedule 1B and the Summary Page.		
Date of Election, Convention or Caucus		,		
<u> </u>		·		
10. Verification: I\We certify that all reasonable diligence warmy\our knowledge and belief the contents are true, accurate	as used in the preparation of this stateme and complete.	nent and attached schedules (if any) and to th	e best of	
Current Treasurer or Designated Record keeper	1	Date		
Type or Print Name	Signature	7		
Candidate Stephen Kunselman	- manufacture gradient.	1/01		
Calididate	1 Slag Alm	men Date		
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	Caluma II
	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 0.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ \$0.00	(18.) \$ \$0.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ \$0.00	(19.) \$ \$0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$0.00	(20.) \$ \$0.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		·
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$0.00	(21.) \$ \$0.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ \$0.00	(22.) \$ \$0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ \$100.00	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ \$0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ \$0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ \$100.00	(23.) \$ 100.00
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$ \$0.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.)\$ \$0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ \$0.00	(24.) \$ \$0.00
DEBTS AND OBLIGATIONS 12. Debts and Obligations	····	
a. Owed by the Committee (Schedule 1E)	(12a.) \$ \$0.00	
b. Owed to the Committee (Schedule 1E)	(12b.)\$ \$0.00	
 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) 	BALANCE STATEMENT (13.) \$ \$2,541.21 (14.) + \$ \$0.00 (15.) = \$ \$2,541.21 (16.) - \$ \$100.00	·
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ \$2,441.21	- _*



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

C-2006-025

1. Committee I. D. Number

2. Committee Name Stephen Kunselman for Council

Expenditure #1 Name Committee to Elect Nick Rournel Circuit Court Judge Address 2718 Hampshire Road Ann Arbor, MI 48104 Fund Raiser Fund	3. Name and address of person or vendor to whom paid	4, Purpose (Required Information)	5. Date	6. Amount
Address 2718 Hampshire Road Ann Arbor, MI 48104 Fund Raiser Click Here for Memo Itemization Type	Expenditure #1			
Click Here for Memo Itemization Type Check box if this expenditure is payment of dot or obligation reported on previous statement	Name Committee to Elect Nick Roumel Circuit Court Judge		10/20/20	s 100
Ann Arbor, MI 48104 Fund Raiser Check box if this expenditure is payment of dobt or obligation reported on previous statement	Address	Purpose: Fundraiser ticket	Date	
Check box if this expenditure is payment of debt or obligation reported on previous statement	2718 Hampshire Road			
Fund Raiser Satement Sateme	Ann Arbor, MI 48104	Click F	tere for Memo	itemization Type
Statement		Check box if this expenditure is payment of		
Address Purpose:	Language			NAME II
Addross Purpose:	Expenditure #2			
Address Purpose:	Name			•
Address Purpose:	· ·	,		\$ <u> </u>
Check box if this expenditure is payment of debt or obligation reported on previous statement	Address	Purpose:	Date	
Check box if this expenditure is payment of debt or obligation reported on previous statement			r	National Control of the Control
Fund Raiser Safetr or obligation reported on previous		CHCK F	iere for Memo	itemization Type
Expenditure #3 Name Address Purpose:		Check box if this expenditure is payment of		
Expenditure #3 Name Address Purpose:	Fund Raiser			
Name Address Purpose:	Expenditure #3	statement		t to the second second second
Address Purpose:				
Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #4 Name Address Purpose: Click Here for Memo Itemization Type Click Here for Memo Itemization Type Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #5 Name Address Purpose: Click Here for Memo Itemization Type Gebt or obligation reported on previous statement Subtotal this page \$100.00 Grand Total of all Schedules 1B	name			¢
Click Here for Memo Itemization Type Fund Raiser	Addroce		Date	Ψ
Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #4 Name Address Purpose: Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #5 Name Address Purpose: Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #5 Name Address Purpose: Click Here for Memo Itemization Type Click Here for Memo Itemization Type Click Here for Memo Itemization Type Subtotal this page Fund Raiser Subtotal this page \$100.00 Grand Total of all Schedules 1B	Address	Purpose:	•	. •
Fund Raiser debt or obligation reported on previous statement		Click H	ere for Memo	Itemization Type
Fund Raiser debt or obligation reported on previous statement		Check box if this expenditure is nayment of		
Expenditure #4 Name Address Purpose: Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #5 Name Address Purpose: Click Here for Memo Itemization Type Click Hore for Memo Itemization Type Subtotal this page Fund Raiser Subtotal this page \$100.00 Grand Total of all Schedules 1B	Fund Raiser	debt or obligation reported on previous		
Address Purpose:		statement		
Address Purpose: Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #5 Name Address Purpose: Date Click Here for Memo Itemization Type Click Here for Memo Itemization Type Click Here for Memo Itemization Type Click Hox if this expenditure is payment of debt or obligation reported on previous statement Subtotal this page \$100.00 Grand Total of all Schedules 1B				
Address Purpose: Click Here for Memo Itemization Type Check box If this expenditure is payment of debt or obligation reported on previous statement Expenditure #5 Name Address Purpose: Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement Subtotal this page \$100.00 \$100.00	Name	·		
Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #5 Name Address Purpose:			Date	\$
Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #5 Name Address Purpose:	Address	Purpose:		
Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #5 Name Address Purpose:	•	Ottabala		Hamilton Tona
Fund Raiser Expenditure #5 Name Address Purpose:		 	ere ioi mento	пениданов туре
Expenditure #5 Name Address Purpose:	processing .			
Address Purpose: Date Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement Subtotal this page \$100.00 Grand Total of all Schedules 1B \$100.00	Fund Raiser			
Address Purpose: Date Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement Subtotal this page \$100.00 Grand Total of all Schedules 1B \$100.00	Expenditure #5			
Address Purpose: Date Click Here for Memo Itemization Type Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement Subtotal this page \$100.00 Grand Total of all Schedules 1B \$100.00				
Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement Subtotal this page \$100.00 Grand Total of all Schedules 1B				ę
Check box if this expenditure is payment of debt or obligation reported on previous statement Subtotal this page \$100.00 Grand Total of all Schedules 1B	Address	Purpose:	Date	•
Check box if this expenditure is payment of debt or obligation reported on previous statement Subtotal this page \$100.00 Grand Total of all Schedules 1B	1			
Fund Raiser Gebt or obligation reported on previous statement Subtotal this page \$100.00 Grand Total of all Schedules 1B			ere for Memo	Itemization Type
Subtotal this page \$100.00 Grand Total of all Schedules 1B				
Grand Total of all Schedules 1B	Fund Raiser			
7 TA 11 11 1 11 1 1		Subtot	al this page	\$100.00
Wamniata on lact naga at Schadulat I W I VV I VV I		Grand Total of all S (Complete on last page		\$100.00

Enter this total on line 8a of Summary Page

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