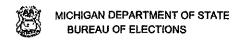
CANDIDATE COMMITTEE COVER PAGE

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: 11 2513 to 7/20/14
1. Committee I.D. Number	4. Candidate Last Name First Name M.i.
C-2006-025	Kunselman Stroken -
	4a. Office Sought Including District # or Community Served (If applicable)
2. Committee Name Stephen Kunselman for	Mayor of Ann Arber
Mayor	4b. County of Residence Hasheroun
5. Committee's Mailing Address	6. Treasurer's Name & Residential Address
3-kohen Kunselman	Robert Cain
2885 Butternut St.	1306 Fountain St
Ann Arbor, MI 48108	
Area Code and Phone 734-975-4604	ANN Arbor, MI
If the address in this box is different from the committee	48103
mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	Area Code & Phone 734 - 76[- 4699
7. Treasurer's Business Address	8. Designated Record keeper's Name and Mailing Address (If the committee has a
1306 Fountain St.	Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
Ann Arbor, MI	CCI.A.
ANNI ME CONTINI	WASHT NWREN JUNTY
48103	
Area Code and Phone 734-761-4649	Array Code and Phone
9. TYPE OF STATEMENT	Area Code and Phone
	고 전 원 ² 기 원 ²
9a. Pre-Election OR 9b. Post	Election 9c. Annual Statement (Soverage Year)
	9d. Amendment to Campaign Statement (Objected Hom 9a, 9b, 9c
Pre-Election or Post-Election Statement relates to:	or Se to indicate which Statement is being amended)
NZI	9e. Dissolution of Candidate Committee
Primary Gen	
Convention	Effective Date of Dissolution
Special	
Cauc	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
8/5/14	the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule
V V	1B and the Summary Page.
A committee that does not have a Reporting Waiver must file all reschedules. Direct contributions, in-kind contributions, loans, exper	quired Campaign Statements. The Campaign Statements must include all applicable ditures, 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 change amendment to the Statement of Organization should accompany to	d since the information was shown on the committee's Statement of Organization, an is Campaign Statement. If a request for a Reporting Waiver is not received on or at campaign statement cannot be waived.
10. Verification: I/We certify that all reasonable diligence was used in mylour knowledge and belief the contents are true, accurate and contents.	n the preparation of this statement and attached schedules (if any) and to the best of mplete.
Current Treasurer or Dawct Co. o	1/21 2/20/11
Designated Record keeper Type or Print Name	Signature 11
Candidate Stephan Konselway	1 My Mullian Date 7/25/14
Type or Print Name	Signature



SUMMARY PAGE CANDIDATE COMMITTEE

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

2. Committee Name Stephan Kunselman

RECEIPTS	Column i This Period	Column ii
3. Contributions		Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>7474</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ <u>7474</u>	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>7474</u>	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES	o sa	
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>518</u>	(21.) \$
7. in-Kind Expenditures (Schedule 18-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures	10 100 00	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ $10, 186, 22$	
b. Itemized Get-Out-the-Vote (Schedule 18-G)	(8b.) \$	
с. Unitemized (less than \$50.01 each - по Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9) \$ (0) 18(22	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)	·	
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$	
b. Unitemized (less than \$50.01 each - no Schedule) 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS	(10b.)\$	
(Add Line 10a + Line 10b)	O	
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$	(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u> </u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
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	BALANCE STATEMENT (13.) \$ $3 99.02$ (14.) + \$ 7474 (15.) = \$ $0,673.02$ (16.) - \$ $0,86.22$	
(Subtract line 16 from line 15)	(17.) \$ <u>900,00</u>	



ITEMIZED CONTRIBUTIONS

SCHEDULE 1A

CANDIDATE COMMITTEE	A STATE OF S	-1.5
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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 4 27 4 Name: Danie & Michi Morow Address: 1450 King Chearge Blue, Ann Arbor, MI 48104 5. If over \$100.00 cumulative, please provide: Occupation	\$100 \$120	
Type of Contribution: Direct Loan from a person X Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 4 27 14 Name: Sovah Goeffield Address: 1700 Follower St., Ann Arbor, MI 48103 5. If over \$100.00 cumulative, please provide: OccupationEmployer Business Address Type of Contribution: Direct Loan from a person Receipt 4 27 14	\$20	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 4 27 4 Name: Ce O Heven Address: 76 U. Acous, 7507, Detroit, MI 48226 5. If over \$100.00 cumulative, please provide: OccupationEmployer Business Address Type of Contribution: Direct Loan from a person Africal Raiser	0S#	·
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$160	

Enter this total on line 3 of Summary Page.

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ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number	<u> </u>	200	<u> </u>	0	25	
2. Committee NameS	eph	en 1	fun:	elv	NOW	1

CARDIDATE COMMITTEE		
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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 4/27/14 Name: POLEY BCC3-16/N		
Address: 2551 Londonderry Rd, Ann Arber, MI 48104	#	
5. If over \$100.00 cumulative, please provide:	00)#	
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person X Fund Raiser		
		MANAGEM AND
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name: Anne & Jhoun Hindsor		
Address: 430 Pour Ewood, Ann Arbor, 1911 48103		
5. If over \$100.00 cumulative, please provide:	#50	
OccupationEmployer		
Business Address		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt		
Name: Take & Tohn Lumin		
Address: 3075 Overridge Dr., Ann Arber, 1411 48104	dt and	•
5. If over \$100.00 cumulative, please provide:	J1 600	
Occupation France Employer Eastern Michigan Uni		
Business Address Ypsilawti MI 48197		
Type of Contribution: Direct Loan from a persoh X Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt		
Address: G12 M. Main St., Ann Arbor, MI 4814	1h	
5. If over \$100.00 cumulative, please provide:	#35	
OccupationEmployer		·
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A	6275	
(Complete on last page of Schedule)	V.010	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number C-2006-085
2. Committee Name Stephen Kuselman

CANDIDATE COMMITTEE		
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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 4/27/14 Name: Veronique Liem Address: 2751 Brington Blue, Ann Arber, MI 98105		
5. If over \$100.00 cumulative, please provide:	\$75	
OccupationEmployer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 4 27 4		
Address: 1815 Boildwin, Ann Arbor, MI 48104		
5. If over \$100.00 cumulative, please provide:	\$ 50	_
Occupation Employer	34 00	·
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 4 12 4 4 4		
Address: 1815 Baldwin, Ann Arber, 791 48104	A ~~	
5. If over \$100,00 cumulative, please providé:	# 20	
OccupationEmployer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 42714 Name: Somi Kolasapathy		
Address: 2530 Mallard Ct., Ann Arber, MI 48105	l in	
5. If over \$100.00 cumulative, please provide:	\$ 75	
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	4700	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$250	

Enter this total on line 3 of Summary Page.

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ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number <u>C-2006-025</u>
2. Committee Name Stephan Kinselman

CANDIDATE COMMITTEE 2. Continuide Name	SCIOI GEV C V	SY XIVICII (
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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 427 FF Name: Jack Eaten & Cecile Lamb Address: (606 Dicken Dr., Ann Arbor, MI 4803	#250	
5. If over \$100,00 cumulative, please provide:	14 C20	
Occupation Lawyer Employer Law Office of Merk Cosans		
Business Address 2020 Evergreen, Site 110 Scotthello MI 48076 Type of Contribution: Direct Down from a person Di Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 4 (27) 14 Name: Ritor Mitchell & Ed Steinman		
Address: 621 5th St., Ann Arber, 1911 48103		
5. If over \$100.00 cumulative, please provide:	th loo	
Occupation Employer	Jy (CC)	·
Business Address		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 4/27/4 Name: Receipt 4/27/4 Address: 1807(1) 2017		
Address: 1991 Upland Dr., Ann Arbor, MI 48105	\$50	
5. If over \$100.00 cumulative, please provide:	W OO	
OccupationEmployer		
Business Address		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 4 27 Name: Bizabeth Hunter	·	
Address: 827 Broce, Ann Arber, 711 48103	_	
5. If over \$100.00 cumulative, please provide:	05 th	
Occupation Employer	G V I	
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
	· · · · · · · · · · · · · · · · · · ·	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	#420	

e <u>6</u> of <u>27</u>



ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

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

CANDIDATE COMMITTEE	1	
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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? X YES 4. Date of Receipt 4/27/4 Name: Mike Anglin for Council Committee Address: 803 Duncan St. Ann Arbor, MI 48103	\$100	
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES, 4. Date of Receipt 4(27) A Name: John & Gwen Hystuen Address: 1016 Olivia, Ann Arbor Mi, 48104		
5. If over \$100.00 cumulative, please provide: Occupation Petwed Employer	#300	
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 4 27 14 Name: Leon Bryton		
Address: 636 Center, Ann Arbor, MI 48103	#25	
5. If over \$100.00 cumulative, please provide:	グアク	
OccupationEmployer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 4 27 14 Name: Carrie Markella		
Address: 2827 Parkinson Ave, Ann Arber, 191 48104	#199	
5. If over \$100.00 cumulative, please provide:	11/20	
Occupation <u>Radio loop</u> tech <u>Employer</u> VA		
Business Address Fulley Rd, Aun Avyor M 48105 Type of Contribution: Direct Loan from a person Fund Raiser		,
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$624	

Enter this total on line 3 of Summary Page.



ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number	C-21	<u> </u>	025
2. Committee Name	tephan	Kunse	man

CANDIDATE COMMITTEE 2. Committee Name	ely an	20 ()CIVO CO
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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 4 27 14 Name: Keywy Mactel Address: 2084 Liberty Heights, Ann Arbor, MI 48(03) 5. If over \$100.00 cumulative, please provide: OccupationEmployer Business Address Type of Contribution: Direct: Loan from a person	\$20	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 4 27 4 Name: Thereson Moray Address: 7835 Mayleridge, Moralle, MI 48167 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	0S#	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt Name: Address: 5. If over \$100.00 cumulative, please provide: CocupationEmployer Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name: Address: 5. If over \$100.00 cumulative, please provide: OccupationEmployer Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$40	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

Committee I.D. Number	\mathcal{C}	-20	06-	025
2. Committee Name	Jeo	hon	Line	Remon

CANDIDATE COMMITTEE 2. COMMITTEE		
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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 7 9 4 Name: Suscept Perry Address: 1708 Four St., Ann Anger Mr 48103 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7 15 14 Name: Page 14 15 14 15 14	00)#	
Address: 2509 Tack Ct, Avv Avber, MI 48103 5. If over \$100.00 cumulative, please provide: Occupation	#50	\$70
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7 10 4 Name: Lawe Divorce Address: 1801 5. 8104, Ann Avocr, M1 48104 5. If over \$100.00 cumulative, please provide: Occupation Retries Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	#250	\$ 500
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 117 14 Name: LOWY BOY BOY AND AVOCY MI 48103 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	\$50	
Page Subtotal Grand Total of Ali Schedules 1A (Complete on last page of Schedule)	\$450	ţa.

Enter this total on line 3 of Summary Page.



SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number	C-20	<u>06-0</u>	250
2. Committee Name	ephen	Kunsel	man

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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt © 29 14 Name: S-Ephon Thorp Address: 124 Chapin St., Ann Avor, MI 48103 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: XDirect Loan from a person Fund Raiser	#25	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 78 4 Name: Rowmond Hunter Address: 60 Dicken Dr., Ann Arber, M 48103 5. If over \$100.00 cumulative, please provide: OccupationEmployer Business Address Type of Contribution: Direct	\$100	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7 [6 4] Name: Pichard & Mariam Williams Address: 1836 Saxon, Ann Arbor, M. 48103 5. If over \$100.00 cumulative, please provide: OccupationEmployer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	\$ 100	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7 (6) A Name: Braxler Bake Address: \508 Longthore Pr, Ann Arbor, M1 48105 5. If over \$100.00 cumulative, please provide: OccupationEmployer Business Address Type of Contribution: \(\begin{align*} \Direct \Documeration \Direct \Direct	\$ 50	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$275	****



ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number	<u>C-2</u>	<u> </u>	025
2. Committee Name	rephen	Kungo	man

CANDIDATE COMMITTEE		The state of the s
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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 4 27/14 Name: Mike Anglin Address: 549 S. Furst St, Ann Arber, MI 48/03	٨	
5. If over \$100.00 cumulative, please provide:	\$50	
OccupationEmployer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 6 17 14 Name: S-an Boxer		
Address: 829 S. Main St., Ann Arbor, MI 48109		
5. If over \$100.00 cumulative, please provide:	00) B	
OccupationEmployer	W (OC	·
Business Address		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt Co 19 14 Name: Patricia Koman		
Address: 1525 Llestfield, Ann Arbor, MI 48103	Han	
5. If over \$100.00 cumulative, please provide:	05 t	
OccupationEmployer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7115 14 Name: Mile Anthony		
Address: 2509 Tade Ct., Ann Aubor, MI 48103	,i	
5. If over \$100.00 cumulative, please provide:	05R	
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	190	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number	<u> </u>	06-9	250
2. Committee Name Se	phan	Kunse	mour

OVIADIDA LE COMINA I LEE		
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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 5 15 14 Name: Demis Dan mann Address: 300 5. Thate, Ann Arber, MI 48104	LL.	
5. If over \$100.00 cumulative, please provide:	\$ 1000 th	
Occupation Hotelser Employer Owner Dahlmann		
Business Address 300 5, Thoyer, Ann Arbor, MI 48104 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 5 13 14 Name: Koy Holswayer		
Address: 2300 Kent St., Ann Avocr, MI 48103	4t ~	
5. If over \$100.00 cumulative, please provide:	\$200	
Occupation Retired Employer		•
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt Name: Cloude + R Stevn		
Address: 341 Evergreen Pl, Ann Arber, Ml 48104	\$1000	#1070
5. If over \$100.00 cumulative, please provide:	1 m 1000	O50)#
Occupation Av+S+ Employer Self-employed		
Business Address 270 Felch St. Ann Avor M 4803 Type of Contribution: Direct Loan from a person Fund Raiser		,
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 673/4 Name: Hypa ar500		
Address: 3575 B. Husan River Dr., Ann Arbor, MI 48104	ممدلة	
5. If over \$100.00 cumulative, please provide:	00St	
Occupation <u>Retired</u> <u>Employer</u>		
Business Address		
Page Subtotal	* 2100	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$2400	
(

Enter this total on line 3 of Summary Page.

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ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Numb	er <u> </u>	<u> 2000.</u>	-025
2. Committee Name	Stephan	Kurse	lwan

CANDIDATE COMMITTEE		
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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 5 21 4 Name: Loane Bullwitten Address: (80) 5, Blod, Ann Arbor, MI 48 04 5. If over \$100.00 cumulative, please provide:	\$250	
Occupation Retired Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 6/7/14 Name: Take Michener Address: 2115 Devenshire, Ann Arber, MI 48104	14	
5. If over \$100.00 cumulative, please provide:	\$25	
Occupation Employer		·
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 6/6/14 Name: Christine Hildebrand		
Address: 2115 Devarchure, Ann Arber, MI 48109	00) tt	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		,
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 6/4/4 Name: Frank & Julia Casa		
Address: 1410 Hill St., Ann Arbor, MI 48104	005tb	
5. If over \$100.00 cumulative, please provide: Occupation Petroed Employer	31,000	
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$575	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number	\mathcal{C}	- 20	06-0	225
2. Committee Name	teo	han	Kunse	man

CANDIDATE COMMITTEE		
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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 4 2714 Name: Thomas & Joan Overmine		
Address: 3210 Hordman, Ann Arbar, MI 48108	₩	
5. If over \$100.00 cumulative, please provide:	00SH	
Occupation Rotifed Employer_		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 5 2 4	A Commission of the Commission	
Address: 556 Glandale. Civ, Ann Avbor, MI 48103	H	
5. If over \$100.00 cumulative, please provide:	\$50	
Occupation Employer		·
Business Address Type of Contribution; Direct		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 4 26 14		
Address: 3054 Klilliamsburg, Ann Arbar, MI 48108	١,	
5. If over \$100.00 cumulative, please provide:	OSP	
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		·
3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 5 4 14 Name: T. J. Rice		
Address: 100 3, Fourth, Ann Arber, MI 48104		
5. If over \$100.00 cumulative, please provide:	#30	
OccupationEmployer	31 60	
Business Address		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$290	
V. a., a.		



SCHEDULE 1A

1. Committee I.D. Number C-2006-025
2. Committee Name Stephan Kurschman

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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 7/10/14 Name: Corthy Circolo 4		
Address: 3565 Fox Hunt Dr., Ann Arbor, MI 48105		
5. If over \$100.00 cumulative, please provide:	\$100	
Occupation Employer	3(10	<u> </u>
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7 10 14 Name: Pice & Hua Heme!		
Address: 3273 Llooddale Ct, Ann Arbor, MI 48104		
5. If over \$100.00 cumulative, please provide:	\$50	
OccupationEmployer	300	·
Business Address		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7/10/14 Name: Charles Lewis		
Address: 330 S. Seventh St., Ann Arbor, MI 48103		
5. If over \$100.00 cumulative, please provide:	\$50	
OccupationEmployer	un u	
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		•
3. Contribution #4. PAC Receipt? YES 4. Date of Receipt 7/10/14 Name: Brad & Cindy Cook	-	
Address: 1981 Pure Valley Blud, Ann Arker, MI 48104	1.	
5. If over \$100.00 cumulative, please provide:	\$ 50	
OccupationEmployer		
Business Address		
Page Subtotal Grand Total of All Schedules 1A	#250	
(Complete on last page of Schedule)	W (~) (%
	1	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number _	<u>C-20</u>	06-025	
2. Committee Name	Jeohan	Kurseman	

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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 7 10 4 Name: Michael Houghten Address: 3135 S. State St. Suite 108, Ann Mach MI 5. If over \$100.00 cumulative, please provide: Occupation	\$(00	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7 10 14 Name: Mary Survers Address: 1815 Baldww, Ann Arbor, MI 48104 5. If over \$100.00 cumulative, please provide: OccupationEmployer Business Address Type of Contribution: Direct	\$50	\$100
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7 10 14 Name: Harvey & Havey Kaplan Address: 3065 Huntug Valley Dr., Ann Avocr, MI 48104 5. If over \$100.00 cumulative, please provide: Occupation Fetwer Employer Business Address Type of Contribution: Direct Loan from a person African Reiser	\$200	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7 10 14 Name: Tohn 1 Gwen Mystven Address: (016 01 v.a., Ann Arbor M1 48 v.a. 5. If over \$100.00 cumulative, please provide: Occupation Retweat Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	\$100	\$400
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$450	Yes.

Enter this total on line 3 of Summary Page.

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ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number	('-2(<u> </u>	325	
2. Committee Name	techen	Kunse		

CANDIDATE COMMITTEE 2. Committee Name 2. Committee Name	TWO L LON	vx wew
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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 7/10/14 Name: Robert Docscola Address: 1815 Boldwin, Ann Arbor, MI 48104		13
5. If over \$100.00 cumulative, please provide:	\$50	(OO) (L
Occupation Employer		\$
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	·	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name:		
Address:		·
5. If over \$100.00 cumulative, please provide:	·	
Occupation Employer		
Business Address Type of Contribution; Direct Loan from a person Fund Raiser		
Contribution #3 PAC Receipt? YES 4. Date of Receipt Name:		
Address:		
5. If over \$100.00 cumulative, please provide:		
Occupation Employer]	
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt Name:		
Address;	·	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	\$50	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	J)	,

Enter this total on line 3 of Summary Page.

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ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number	C-	2006	,-025
2. Committee Name	lepho	in Kun	Rlman

CANDIDATE COMMITTEE		
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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt: YES 4. Date of Receipt 7/16/14 Name: Louglas White Address: 3305, Seventh, Ann Arber 17/16/19 5. If over \$100.00 cumulative, please provide: Occupation	\$25	
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name: Mary Underwood Address: RIG Traver, Ann Arbar, M. 48105 5. If over \$100.00 cumulative, please provide: Occupation Petved Employer Business Address Type of Contribution: Direct Loan from a person Efund Raiser	\$30a	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7/6/4 Name: Down Bizzell Address: 16/4 Longthore Or, Ann Arbor 17/4/48/05 5. If over \$100.00 cumulative, please provide: OccupationEmployer Business Address Type of Contribution: Direct	\$250	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7/16/19 Name: Karle Borfald Address: 404 L(a Keech, Ann Arbor M(48103) 5. If over \$100.00 cumulative, please provide: OccupationEmployer Business Address Type of Contribution: \(\) Direct \(\) Loan from a person \(\) Fund Raiser	发(00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$ 675 \$ 7474	



ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK CANDIDATE COMMITTEE

1. Committee I. D. Nu	ımber	2006-025
2. Committee Name	Stephen	Kinselmon

CHADIDATE COMMITTE			
3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased.	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution #1 PAC Receipt? Yes Name E-by Uras Address: 3077 H. Foxrical Ann Arber MI 48105 If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address:	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description Apperizor 5. Date Of Receipt: 4 27 4 6. Vendor Name & Address:	\$ 73	
Contribution #2 PAC Receipt? Yes Name Lettic Function Address: 2885 But Revent #4 Ann Amber 171 8808 If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address:	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description Approximate 5. Date Of Receipt 4 27 4 6. Vendor Name & Address:	001t	
Contribution #3 PAC Receipt? Yes Name Address: If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: Fund Raiser Contribution	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:		
	Page Subtotal Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	173,00	

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ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK CANDIDATE COMMITTEE

1. Committee I. D. No	umber <u>C-2006-025</u>	
2. Committee Name	Stephan Kurselman	_

	· ••••		
3. Name and Address from whom received if contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution #1 PAC Receipt? Yes Name Own Brazell Address: 1614 constant for Amount of Amount	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description 7. Date Of Receipt: 7. Description 6. Vendor Name & Address:	\$ 75	
Contribution #2 PAC Receipt? Yes Name Bitcy Lowb Address: 1606 Dictan Vr. Ann Avior M(48105) If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address:	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description Description TOLA 6. Vendor Name & Address:	\$(00)	
Contribution #3 PAC Receipt? Yes	4. Endorsement or Guarantee of Bank Loan		
Name Address: If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address:	Goods Donated or Loaned Services Donated Services Donated Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:		
		Luc .	
·	Page Subtotal Grand Total of all Schedules 1-lK	\$ 175	

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

Enter this total on line 6 of Summary Page

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ITEMIZED EXPENDITURES SCHEDULE 1B

CANDIDATE COMMITTEE 2.0	Committee Name		
Name and address of person or vendor to whom paid	Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name US Postal Service Address Liberty St. Ann Arbor, 1511 48104 [] Fund Raiser Expenditure #2	Purpose: Shows Check box if this expenditure is payment of debt or obligation reported on previous statement	1/8/14	\$204
Name Fed Fx Office Address 2800 S. Stede St. Fund Raiser Expenditure #3	Purpose: COPCS Check box if this expenditure is payment of debt or obligation reported on previous statement	4/18/14	\$168,67
Name Hilers Address Wartenaw Ave Ann Arbor, Mr. (48105) Fund Raiser Expenditure #4	Purpose: Appetizers Check box if this expenditure is payment of debt or obligation reported on previous statement	4/21/14	#187.09
Name	Purpose:		
Address Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name	Purpose:		
Address			
☐ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
•	Cubtatal this		550 16

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

Enter this total

on line 8a of Summary Page

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ITEMIZED EXPENDITURES SCHEDULE 1B

1. Committee J. D. Number C-2006 - 025
2. Committee Name Stephen Fusk man

OF GREAT AS AN ASSISTED F. F. English	committee wame	- A M	
3. Name and address of person or vendor to whom paid	Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1			
Name US Postpul Sorvice	Purpose: Stowps	G/	
Address Liberty St	•	1117/	#10/0
Address Liberty St Ann Arber, MI 48104 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	14	\$ 15.68
Expenditure #2			
Name US Postal Service	Purpose: Stowns	6/30/14	
Address Liberty St.	*	130	\$7.84
Ann Arber, 1711 48104	Charle hav if this ayounditure is normant of	114	דטזע
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous		
Expenditure #3	statement		
Name Fed Ex Office	Purpose: Copies	1	
Address 2800 S. Storte St.	The state of the s	7/12/14	# 12/0
_ Ann Avocr, MI 48104		114	a 10:11
Fund Raiser	debt or obligation reported on previous statement		1
Expenditure #4			
Name Go Daddy, Com Address 14455 M. Heyden Ste 226	Purpose: Mebsile	5/	
Address 14455 M. Heyden Ste 226		5/14/14	\$2.17
Scottsdale, AZ	Light Check box if this expenditure is payment of	17	
☐ Fund Raiser 85260	debt or obligation reported on previous statement		
Expanditure #5	,		
Name Cao Daddy. Com Address 19455 Ft. Houndan tote 226 Scottsdale, AZ	Purpose: Lebrite	5/	
Address 14455 Ft. Heyden the 226		1/14/	\$53.88
Scottsdale, AZ Fund Raiser 85260	Check box if this expenditure is payment of debt or obligation reported on previous statement	1 14	\$53.88
	Subtatal thi		93 N
	Subtotal this Grand Total of all Schedu (Complete on last page of Sci	ules1B (โ	15,00

Enter this total on line 8a of Summary Page

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ITEMIZED EXPENDITURES SCHEDULE 1B

CANDIDATE COMMITTEE

1. Committee I. D. Number	er	COO	2 - OE	25
2. Committee Name	Sleph	van K	nselv	Main

2 Name and address of names arrandoves where said			
Name and address of person or vendor to whom paid	Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1			
Name Elmos Main St. T-Shirts	Purpose: T-Shirts	51.	Mo 1-0 0-
Address 220 S. Main St.		110/n	\$ 170.93
□ Fund Raiser Avbor, MI 48104	Check box if this expenditure is payment of debt or obligation reported on previous statement	ım	
Expenditure #2	~ ()	1	
Name Ann Alber Jaycees Foundation	Mpurpose: Pawade tee	01	
Address Ann Arbor, MI		126/12	\$57.18
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	[[]	
Expenditure #3	datement		
Name Unit Packaging & Mailing	Purpose: Mailing	CI.	24.
Address 119 Enterprise Dr.		6/30/ 114	3484.59
Ann Arbor, MI 48103 [Fund Raiser]	Check box if this expenditure is payment of debt or obligation reported on previous statement	114	
Expenditure #4		 	
Name Unit Packaging & Mailing	Purpose: Mailyg	71	1.
Address 1/9 Enderande Ur.		1118/21	\$2876.09
Ann Arber, MI 48103	Check box if this expenditure is payment of debt or obligation reported on previous	119	,
Fund Raiser	statement		
Expenditure #5		-	
Name Fed Ex Office	Purpose: Copies	15L.	34
Address 2800 S. Stade 5t.		17/3/1"	\$224,49
Ann Arbor, MI 48104		1 14	I
☐ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		,
•	Coltana de la	7	3807.28
	Subtotal this Grand Total of all Schedu (Complete on lest room of Sel	lules 1B	200 11 TO
	(Complete on last page of Sci	hedule)	

Enter this total on line 8a of Summary Page

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ITEMIZED EXPENDITURES SCHEDULE 1B

CANDIDATE COMMITTEE

1. Committee I. D. Numb	oer	<u> </u>	<u>- 2 C</u>	000	(95	5
2. Committee Name	S	boho	20 K	حمد	0	IAN OLL	^

Name and address of person or vendor to whom paid	Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1			
Name City Printing	Purpose: Printing	01	
Address 411 Elest (vo35 St.	7	6/5/14	\$854.36
Upsilanti, MI 48198 □ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	114	310 - 1700
Expenditure #2			
Name City Printing Address 411 Light Cross St.	Purpose: Printing	Glass	z,
Address 411 West Cross St.	>	1294	\$ 964.60
1951 anti, M1 48(98)	debt or obligation reported on previous	יחי	
Expenditure #3	statement		
Name City Printing Address All Elest Cross St.	Purpose: Printing	-11	
Address All Llest Cross St.	7	1/11/12	\$303.16
Ypsilanti, MI 48198 □ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous	114	71,000-,
Expenditure #4	statement	ļ	
Name City Printing	Purpose: Printing	1/	
Address All 11 part Cross St.	7	116/4	\$2067.00
- Ypsilanti, MI 48198	Check box if this expenditure is payment of debt or obligation reported on previous	'''!	
☐ Fund Raiser	statement	ļ. <u> </u>	1
Expenditure #5			
Name Sawicki & Son	Purpose: DigNS	15/11	.,
Address 1521 kl. Lafayette Detroit, MI 48216	1	121/1	\$1537,00
Detroit, MI 48216	Check box if this expenditure is payment of	141	•
☐ Fund Raiser	debt or obligation reported on previous statement		,
	. Subtotal thi	is page	5726.12
	Grand Total of all Schede (Complete on last page of Sc	tules 1B	10.186.77
		· · · · · · · · · · · · · · · · · · ·	11912 L. LXIA 7 / 7

Enter this total on line 8a of Summary Page

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3. Date Event Was Held

FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

greater)

1. Committee I.D. Number 2. Committee Name - USE A SEPARATE SHEET FOR EACH EVENT -4. Number of Individuals Attending 6. Address and Name (If any) of the 5. Type of Fund Raising Activity or Participating (whichever is place where the activity was held.

7. Total Contributions	# 1869	_
8. Other Receipts		_
9. Gross Receipts (Add lines 7 and 8)	# 1869	
10. Total Cost of Event (Total Cost includes In-Kind Contributions	and All Expenditures Made For the Ever	nt)
11. Check if event was a joint fund rai	ser and complete the following:	
Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
		
was the supplier of the suppli	Account of the second of the s	
to an advantage to the second		
	<u> </u>	······································
·		

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.

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FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

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

2. Committee Name Stephen Kunselman

		1	
	- USE A SEPARATE SH	EET FOR EACH EVENT -	
3. Date Event Was Held	Number of Individuals Attending or Participating (whichever is	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held.
7/10/14	greater) 25	Appetizars	1606 Dicken Or Private Residence
7. Total Contributions	#750	·	
8. Other Receipts			
9. Gross Receipts (Add lines 7	, 		
10. Total Cost of Event (Total Cost includes In-Kind Col	<mark>対(の</mark> ntributions and All Expenditures	Made For the Event)	
11. Check if event was a join	int fund raiser and complete the	following:	
Co-Sponsor(s)	Contribution S (%)	Split	Expenditure Split (%)
***		-	

 The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.

 Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.

• Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.

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FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

HEDULE 1F

1. Committee I.D. Number

2. Committee Name

Stephan

Luster Stephan

4. Number of Individuals Attending or Participating (whichever is place where the activity was held.

TU6/14	or Participating (whichever is greater)	Appetizers	o. Address and Name (If any) of the place where the activity was held. 1614 Longster C X Ann Arber, M. 4 Private Residence
7. Total Contributions	± 675		
3. Other Receipts			
9. Gross Receipts (Add lines 7	and 8) <u>\$ 675</u>		
 Total Cost of Event Total Cost includes In-Kind Cor 	# 75 ntributions and All Expenditures	Made For the Event)	
11. Check if event was a join	int fund raiser and complete the	following:	
Co-Sponsor(s)	Contribution S (%)	plit	Expenditure Split (%)
			
American control of the second to the substitute of the 44 to the second of the 44 to the second of the 44 to the second of the second of the 44 to the second of the second of the 44 to the second of the second o	# ####################################	Allowania and a	
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	d problet had a little in the construction of	на метониция муровную при	
Parada Anna Anna Anna Anna Anna Anna Anna A	America de la compansa de la compans		

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.

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