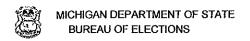


CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

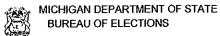
| Report must be legible, typed or printed in ink an the treasurer (or designated record keeper) and | id signed by candidate. | 3. This Statement covers From | m: 10/21 | 116 | to 7 | 123 | 17 |
|--|-----------------------------|--|---------------------------------|---------------------------|----------------------|------------------------|--|
| 1. Committee I.D. Number | | 4. Candidate Last Name | | First Nan | ne | | M.I. |
| C-2006-025 | | Kunselman | Step | ohen | | | |
| 2. Committee Name | | 4a. Office Sought Including Di Councilmember, War | | - | ved (If ap | plicable) | |
| Stephen Kunselman for C | Council | 4b. County of Residence WASHTENAW | | | | | |
| 5. Committee's Mailing Address | | 6. Treasurer's Name & Resident | | | | | |
| Stephen Kunselman | | Robert Cain | | | | | |
| 2885 Butternut Street | | 1306 Fountain Stree | et | | | | |
| Ann Arbor MI 48108 | | Ann Arbor MI 48103 | } | | C) . | | |
| Area Code and Phone (734) 975-4604 If the address in this box is different from the commailing address on the Statement of Organization, be sent to this address by the filing official. | | Area Code & Phone (734) 70 | | | | | 81 99 91 91 91 |
| 7. Treasurer's Business Address | | Designated Record keeper Designated Record keeper) | 's Name and M | ailing Addr | ess (if th | e commit | |
| 1306 Fountain Street | | Designated Record Reception | | | | 77.7 | 5G |
| Ann Arbor MI 48103 | | | | | | Ū | |
| | | · | | | <u>0</u> 03 | لې) ده | |
| | | | | | TT TT | C) | The state of the s |
| | | • | | | | | |
| Area Code and Phone (734) 761-4649 | | Area Code and Phone | | | | | - |
| 9. TYPE OF STATEMENT | Required ON | ILY if candidate | 9e. Dissoluti | ion of Can | didate C | ommitte | e |
| 9a. X Pre-Election OR 9b. Post-Election | is not on the current year: | ballot for the | By check | ing this ite | m I/We ce | ertify any | outstanding debt her spouse is here |
| Pre-Election or Post-Election Statement relates to: | Current year. | | by discharged | and forgiv | en, and r | o longer | collectible from |
| ∑ Primary | July Quarte | erty | owes no lates | | | | tanding assets, lebt. |
| | October Q | uarterly | | | | | |
| [General | | • | Further, if the considered a re | dissolution equest for | cannot b the Repo | e granted rting Wai | d, that this be iver. |
| Convention | | | | | | | |
| Special Special | 9c. Annual | Statement () | Effe | ctive date | of dissolu | tion | |
| ☐School | | Coverage Year | | olive date | or 013301 <u>u</u> | HOII | |
| Caucus | Comp | Iment to Campaign Statement lete Item 9a, 9b, 9c or 9e to e which Statement is being ed.) | Note: The disp Schedule 18 a | | | | st be reported on |
| Date of Election, Convention or Caucus | | | | | | | |
| 08/08/17 | | | | | | | |
| | | | | | | | |
| | | The state of the s | | | | | |
| 10. Verification: I\We certify that all reasonable diligemy\our knowledge and belief the contents are true, a | | | ent and attached | d schedule | s (if any) | and to th | e best of |
| Current Treasurer or Designated Record keeper Robert Cain | | 110 | | —— Dat | <u> 2/</u> | 28/ | 17 |
| Type or Print Name | | Signature | // | | / | • | 1 |
| Candidate Stephen Kunselman | | Bochul | pan | Dat | e <u> </u> | 128 | The same of the sa |
| Type or Print Name | | Signature | | | | f | v |



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

SUMMARY PAGE CANDIDATE COMMITTEE

| RECEIPTS | Column I | Column II |
|---|--|--------------------------------|
| 3. Contributions | This Period | Cumulative this election cycle |
| a. Itemized (Schedule 1A - Column 6) | (3a.) \$ 6 1 9 | |
| b. Unitemized (less than \$20.01 each - no Schedule) | (3b.) \$ NOT APPLICABLE | |
| c. Subtotal of "Contributions" | (3c.) \$ 6 (9 | (18.)\$ <u>Cell</u> |
| | (30.) | |
| 4. Other Receipts (Schedule 1A -1, Column 6) | (4.) \$ <u> </u> | (19.) \$ |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) | (5.) \$ (0) 19 | (20.) \$ 6 1 9 |
| IN-KIND CONTRIBUTIONS & EXPENDITURES | ate. | |
| 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 | politica and a partie of the control | |
| a. Itemized (Schedule 1B, Column 6) | (8a.) \$ 5257,77 | |
| 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.) \$ 5257.77 | (23.) \$ 525/. 1/ |
| INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) | ļ | |
| 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) | (11.) \$ | (24.) \$ |
| DEBTS AND OBLIGATIONS 12. Debts and Obligations | | |
| 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 | (13.) \$ <u>3103.26</u> | |
| (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period | (14)+\$ 6(19,00 | |
| (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 | (15.) = \$ 9222,26 | |
| 16. Amount expended during reporting period (Add lines 9 and 11) | (16.) - \$ 5257.77 | |
| 17. ÈNDING BALANCÉ | 39/1/10 | |
| (Subtract line 16 from line 15) | (17.) \$ <u>J (G4, 44)</u> * | |

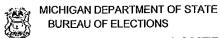


CANDIDATE COMMITTEE

2. Committee Name Stephen Kunselman for Council

| CARDIDATE OCCUPATION | | |
|--|----------------------|--|
| 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 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 05/06/17 Name & Address: | | |
| Peggy Rabhi 1991 Upland Drive Ann Arbor MI 48105 | _{\$} 75.00 | _{\$} 75.00 |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation Employer | Click Here f | for Memo Itemization |
| | | |
| Business Address Type of Contribution: Direct Loan from a person Fund Raiser | | |
| - Countries person | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/06/17 Name & Address | | |
| David and Michelle Moray 1450 King George Blvd Ann Arbor MI 48104 | _{\$} 150.00 | _{\$} 150.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | or Memo Itemization |
| Occupation Refired Employer | | |
| Business Address | | |
| Type of Contribution: ☐ Direct ☐ Loan from a person ✓ Fund Raiser | | |
| 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/06/17 Name & Address: | | |
| Anne Bannister 612 N. Main Street | <u>\$ 100.00</u> | _{\$} 100.00 |
| Ann Arbor MI 48104 | Click Here for | r Memo Itemization |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation Employer | | |
| Business Address Type of Contribution: | | |
| 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/06/17 Name & Address | | |
| Michael and Nina Homel 3473 Wooddale Court | ₂ 35.00 | ₂ 35.00 |
| Ann Arbor MI 48104 | <u>v</u> | \$ |
| 5. If over \$100.00 cumulative, please provide: | Click Here for | r Memo Itemization |
| Occupation Employer | OHOR LIGITE IUI | MIGHIO ILGITIZALION |
| Business Address | | |
| Type of Contribution: ☐ Direct ☐ Loan from a person ✓ Fund Raiser | | |
| Page Subtotal | # 360 | |
| Grand Total of All Schedules 1A | | - |
| (Complete on last page of Schedule) | Enter this total on | ا |

line 3a of Summary Page.

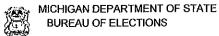


Page.

Stephen Kunselman for Council

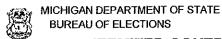
| CANDIDATE COMMITTEE 2. Committee Name | | |
|---|----------------------|--|
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount. | e, 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/06/17 | | |
| Name & Address: | | |
| Richard DeVarti 2205 Brockman Blvd | 400.00 | 100.00 |
| Ann Arbor MI 48104 | _{\$} 100.00 | _{\$} 100.00 |
| 5. If over \$100.00 cumulative, please provide: | Olivia I I ama f | · |
| Occupation Employer | Click Here t – | or Memo Itemization |
| Business Address | | |
| Type of Contribution: Direct Loan from a person V Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/06/17 Name & Address | - | |
| Sumangala Kailasapathy 2530 Mallard Court Ann Arbor MI 48105 | _{\$} 100.00 | _{\$} 100.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | or Memo Itemization |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person V Fund Raiser | | |
| 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/07/17 Name & Address: | | |
| Jane Lumm 3075 Overridge Drive | _{\$} 200.00 | _{\$} 200.00 |
| Ann Arbor Mt 48104 | Click Here fo | r Memo Itemization |
| 5. If over \$100.00 cumulative, please provide: | Office Fore To | 1 MONTO ROTTLEAGON |
| Occupation Retired Employer | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/02/17 Name & Address | | |
| Susan Perry 1708 Fair Street | _{\$} 300.00 | _{\$_} 300.00 |
| Ann Arbor MI 48103 5. If over \$100.00 cumulative, please provide: | | |
| Occupation Real Estate Broker Employer Sue Perry Real Estate | Click Here for | Memo Itemization |
| | ***** | |
| Business Address 1708 Fair Street Ann Arbor MI 48103 | | |
| Type of Contribution: V Direct Loan from a person Fund Raiser | | |
| Page Subto | otal \$ 700 | _ |
| Grand Total of All Schedules (Complete on last page of Schedules | | J |

Page **2** of **2**6



ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

| Enter contributor's name and address. If contribution is from an individual, enter last name, first middle initial. Check box to indicate if contribution is from a Political Committee or an Independe Committee (PAC) Report all contributions regardless of amount. | |
|--|--|
| 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/06/17 Name & Address: | |
| Katherine Griswold 3565 Fox Hunt Drive Ann Arbor MI 48105 | _{\$} 100.00 |
| 5. If over \$100.00 cumulative, please provide: | Oliela Harra for Manne Harrisonia |
| Occupation Employer | Click Here for Memo Itemization |
| Business Address | <u> </u> |
| Type of Contribution: Direct Loan from a person 🗸 Fund Raiser | |
| Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/06/17 Name & Address | |
| Faye Ogasawara 3273 McComb Street Ann Arbor MI 48105 | \$ 100.00 \$ 100.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here for Memo Itemization |
| Occupation Employer | _ |
| Business Address | |
| Type of Contribution: Direct Loan from a person 🗸 Fund Raiser | |
| 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/06/17 Name & Address: | |
| Peter Eckstein 2551 Londonderry Road Ann Arbor MI 48104 5. If over \$100.00 cumulative, please provide: | \$\frac{100.00}{\$}\$\$ \$\\$\\$\$ 100.00\$ Click Here for Memo Itemization |
| Occupation Employer | |
| Business Address | |
| Type of Contribution: Direct Loan from a person Fund Raiser | |
| 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/06/17 Name & Address | |
| Ron Lev 2645 Easy Street Ann Arbor MI 48104 | \$20.00 \$ 20.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here for Memo Itemization |
| Occupation Employer | |
| Business Address | |
| Type of Contribution: Direct Loan from a person V Fund Raiser | |
| Page S | Subtotal \$320 |
| Grand Total of All Schede (Complete on last page of Schede (Comple | ules 1A |

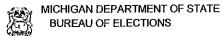


CANDIDATE COMMITTEE

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 all contributions 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 05/05/17 Name & Address: | | |
| Kathleen Nolan 2645 Easy Street Ann Arbor MI 48104 | _{\$} 20.00 | _{\$} 20.00 |
| 5. If over \$100.00 cumulative, please provide: | Clink Hose fo | or Memo Itemization |
| Occupation Employer | Click nere to | or Memo Remazation |
| Business Address | | |
| Type of Contribution: | | - |
| Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/06/17 Name & Address | | |
| Peter Nourgourney | 100.00 | 400.00 |
| 914 Lincoln Avenue | _{\$} 100.00 | _{\$} 100.00 |
| Ann Arbor MI 484104 | | |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | r Memo Itemization |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person V Fund Raiser | | |
| 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/06/17 Name & Address: | | |
| Robert Dascola | _s 100.00 | 400.00 |
| 1815 Baldwin Avenue | \$ 100.00 | _{\$_} 100.00 |
| Ann Arbor MI 48104 | Click Here for | Memo Itemization |
| 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 05/06/17 Name & Address | | |
| Chandra Montgomery Nicol 1404 Cambridge Road Ann Arbor MI 48104 | _{\$} 50.00 | _{\$} _50.00 |
| 5. If over \$100.00 cumulative, please provide: | OF LUC | |
| Occupation Employer | Click Here for | Memo Itemization |
| Business Address | | |
| Type of Contribution: Direct Loan from a person V Fund Raiser | | |
| Page Subtotal | OSS | |
| Grand Total of All Schedules 1A | | |
| (Complete on last page of Schedule) | Enter this total on | I |
| Page 4 of 26 | line 3a of Summary Page. | |

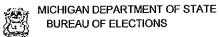


ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number _

C-2006-025

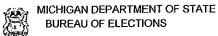
| - | | | | | | |
|--|-----------------------|------|--|--|----------------------|--|
| Enter contributor's nam middle initial. Check b Committee (PAC) Repo | ox to indicate if cor | trib | ribution is from an individual, ution is from a Political Commi ardless of amount. | enter last name, first name, ttee or an Independent | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| 3. Contribution # 1 | PAC Receipt? | | YES 4, Date of Recei | pt 05/07/17 | | |
| Name & Address: | | | | | | |
| John Floyd 519 Sunset Roa | Ч | | | | 000 00 | 200.00 |
| Ann Arbor MI 48 | | | | | _{\$} 300.00 | _{\$} 300.00 |
| 5. If over \$100.00 cum | | ovic | le: | | OK da Hama Fa | - B.S Managing 41 |
| Occupation Self-emp | | _ | | | Click Here to | or Memo Itemization |
| Business Address | | | | | | |
| Type of Contribution: | Direct | | Loan from a person | Fund Raiser | | |
| 3. Contribution #2 | PAC Receipt? | | YES 4. Date of Receip | t 05/06/17 | | **** |
| Name & Address | • | | | | | |
| Gwen and John | Nysteun | | | | 200.00 | 000.00 |
| 1016 Olivia Aver | - | | | | _{\$} 200.00 | _{\$} 200.00 |
| Ann Arbor MI 48 | 104 | | | | | |
| 5. If over \$100.00 cum | ulative, please pro | vid | e: | | Click Here fo | r Memo Itemization |
| Occupation Retired | | _ E | mployer | | | |
| Business Address | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| Type of Contribution: | Direct | | Loan from a person | Fund Raiser | | |
| Contribution # 3 Name & Address: | PAC Receipt? | | YES 4. Date of Recei | o5/06/17 | | |
| Anna Jane Mich | ener | | | | E0 00 | 50.00 |
| 2115 Devonshire | | | | | _{\$} 50.00 | _{\$} 50.00 |
| Ann Arbor MI 48 | 104 | | | | Clink Llows for | Mama Itamization |
| 5. If over \$100.00 cum | ılative, please pro | vid | e: | | Cack Here for | Memo Itemization |
| Occupation | | _ | Employer | | | |
| Business Address | | | | - | | |
| Type of Contribution: | Direct | | Loan from a person | Fund Raiser | | |
| Contribution # 4 Name & Address | PAC Receipt? | | YES 4. Date of Recei | pt 05/09/17 | | |
| Ethel Potts | | | | | | |
| 1014 Elder Blvd | | | | | _s 50.00 | ¢ 50.00 |
| Ann Arbor MI 48 | 103 | | | | Ψ | ₽ <u></u> |
| 5. If over \$100.00 cum | ılative, please pro | vid |) : | | Click Here for | Memo Itemization |
| Occupation | | _ | Employer | | | |
| Business Address | | | | | | |
| Type of Contribution: | ✓ Direct | | Loan from a person | Fund Raiser | | |
| | | | | Page Subtotal | \$ 600 | |
| | | | Gra | nd Total of All Schedules 1A | | |
| 7 | | | | ete on last page of Schedule) | Enter this total on | J |
| 5 >/ | | | | | line 3a of Summary | |
| Page Y of Luc | | | | | Page. | |



CANDIDATE COMMITTEE

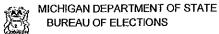
1. Committee I.D. Number ______C-2006-025

| Enter contributor's nam middle initial. Check be Committee (PAC) Repo | ox to indicate if con | trib | ribution is from an individual, enter ution is from a Political Committee ardless of amount. | last name, first name, or an Independent | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|-----------------------|------|--|--|--|--|
| Contribution # 1 Name & Address: | PAC Receipt? | | YES 4. Date of Receipt (| 06/22/17 | | |
| Jack and Wendy | / Carman | | | | | |
| 2340 Georgetow | | | | | _s 100.00 | <u>,</u> 100.00 |
| Ann Arbor MI 48 | | | | | \$ 100.00 | \$ 100.00 |
| 5. If over \$100.00 cum | ulative, please pro | vic | e: | | Click Here fo | r Memo Itemization |
| Occupation | | _ | Employer | | | |
| Business Address | | | | | | |
| Type of Contribution: | Direct | | Loan from a person 🗸 Fu | ınd Raiser | | |
| Contribution #2 Name & Address | PAC Receipt? | | YES 4. Date of Receipt 06 | 6/23/17 | | |
| Frank and Julia | Casa | | | | 200.00 | 200.00 |
| 1410 Hill Street | | | | | _{\$} 200.00 | _{\$} 200.00 |
| Ann Arbor MI 48 | 104 | | | | | |
| 5. If over \$100.00 cum | ulative, please pro | vid | 9 : | | Click Here for | Memo Itemization |
| Occupation Retired | | _ E | nployer | | | |
| Business Address | | | | ···- | | İ |
| Type of Contribution: | Direct | | Loan from a person 📝 F | und Raiser | | |
| Contribution # 3 Name & Address: | PAC Receipt? | | YES 4. Date of Receipt 0 | 6/23/17 | | |
| Louise Stein and | l Gary Supan | icł | 1 | | _{\$} 75.00 | 75.00 |
| 1307 S. Forest S | | | | | \$ 10.00 | _{\$} 75.00 |
| Ann Arbor MI 48 | 04 | | | | Click Here for | Memo Itemization |
| 5. If over \$100.00 cum | ulative, please pro | vid | 9 : | | | |
| Occupation | | | Employer | | | |
| Business Address | -1 | | [7] - | | | |
| Type of Contribution: | Direct | _ | | und Raiser | | |
| Contribution # 4 Name & Address | PAC Receipt? | | YES 4. Date of Receipt 0 | 96/23/17 | | |
| Ann Larimore | | | | | _s 100.00 | 100.00 |
| 916 Olivia Avenu Ann Arbor MI 48 | | | | | § 100.00 | \$_100.00 |
| 5. If over \$100.00 cum | | vid | 9: | | | |
| | | | | | Click Here for | Memo Itemization |
| Occupation | | - | Employer | | | |
| Business Address | | | | · · · · · · · · · · · · · · · · · · · | | |
| Type of Contribution: | Direct | | Loan from a person 🗸 Fu | nd Raiser | | |
| | | | | Page Subtotal | <u>\$475</u> | |
| , mer | | | | otal of All Schedules 1A in last page of Schedule) | | |
| 8 | | | (Complete o | in last page of obligable) = | Enter this total on line 3a of Summary | |
| Page 6 of 26 | | | | | Page. | |



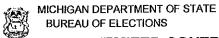
CANDIDATE COMMITTEE

| • | | - | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
|---|----------------------|---------|---|--------------|---|---|--|
| Enter contributor's nam middle initial. Check be Committee (PAC) Repo | x to indicate if con | tribu | ıtion is from a Political Cor | ial, e | enter last name, first name, ttee or an Independent | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| 3. Contribution # 1 | PAC Receipt? | Τ | YES 4. Date of Re | eceip | ot 06/23/17 | | |
| Name & Address: | aboth Drice | | _ | | | | |
| Charles and Eliz | | | | | | FO 00 | E0 00 |
| Ann Arbor MI 48 | | | | | | _{\$} 50.00 | _{\$} 50.00 |
| 5. If over \$100.00 cum | | ovid | e: | | | Ottole I I amar & | - B.4 Managina di ana |
| Occupation | | _ | Employer | | | Click Here to | or Memo Itemization |
| Business Address | | | | | | | |
| Type of Contribution: | Direct | | Loan from a person | ✓ | Fund Raiser | | |
| Contribution #2 Name & Address | PAC Receipt? | | YES 4. Date of Re | ceip | 06/23/17 | , | |
| Douglas and And 920 Lincoln Aver Ann Arbor MI 48 | nue | JW. | eling | | | _{\$} 75.00 | _{\$} 75.00 |
| 5. If over \$100.00 cum | | તે - | n• | | | Click Here fo | r Memo Itemization |
| | | | | | | Ollok (1010 10 | , morrio nomization |
| Occupation | | _ = | mployer | | · · · · · · · · · · · · · · · · · · · | | |
| Business Address | | | | | | | |
| Type of Contribution: | Direct | | Loan from a person | ✓ | Fund Raiser | | |
| 3. Contribution # 3 Name & Address: | PAC Receipt? | | YES 4. Date of Re | eceip | ot 06/23/17 | | |
| Warren and Ann | a Attarian | | | | | _{\$} 75.00 | °75.00 |
| 3490 Gettysburg | Road | | | | | \$ 10.00 | \$ 73.00 |
| Ann Arbor MI 48 | 105 | | | | | Click Here for | Memo Itemization |
| 5. If over \$100.00 cumo | ılative, please pro | vid | e: | | | | |
| Occupation | | _ ! | Employer | | | | |
| Business Address | | | | _ | | | |
| Type of Contribution: | Direct | | Loan from a person | \checkmark | Fund Raiser | | |
| Contribution # 4 Name & Address | PAC Receipt? | | YES 4. Date of R | ecei | pt 07/04/17 | | |
| Carrie Mayfield 2827 Parkwood Ann Arbor 48104 | | | | | | §80.00 | _{\$} _80.00 |
| 5. If over \$100.00 cum | | vid | e: | | | Cliak Hara for | Mama Itamization |
| Occupation | | _ | Employer | | | Click nere for | Memo Itemization |
| Business Address | | | | | | | |
| Type of Contribution: | Direct | Ī | Loan from a person | | Fund Raiser | | |
| | | | | | Page Subtotal | 083 th | |
| 0 | | | | | nd Total of All Schedules 1A ele on last page of Schedule) | | |
| 7 00 | | | (00 | | and page of consequely | Enter this total on line 3a of Summary | |
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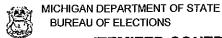
ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

| 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 regardless of amount. 7. Cumulative for Election Cycle for Ea Contributor (Through date of receipt) 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/04/17 Name & Address: | |
|---|---|
| Name & Address: | |
| | |
| Mark Kriger and Alice Liberson | |
| 1129 Martin Place \$100.00 \$100.00 | |
| Ann Arbor MI 48104 \$ 100.00 \$ 100.00 | — |
| 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization | 1 |
| Occupation Employer | |
| Business Address | |
| Type of Contribution: ✓ Direct Loan from a person Fund Raiser | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/10/17 Name & Address | |
| Donald Gray 1704 Morton Avenue \$75.00 \$75.00 | |
| 1704 Worton Avenue | |
| Ann Arbor MI 48104 | |
| 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization | |
| Occupation Employer | |
| Business Address | |
| Type of Contribution: ✓ Direct Loan from a person Fund Raiser | |
| 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/21/17 Name & Address: | |
| Lori-Ann Tschirhart and Frederick Beldin \$100.00 | |
| 1719 South Blvd \$ 100.00 | _ |
| Ann Arbor MI 48104 Click Here for Memo Itemization | |
| 5. If over \$100.00 cumulative, please provide: | |
| Occupation Employer | Ì |
| Business Address | |
| Type of Contribution: Direct Loan from a person Fund Raiser | |
| | |
| 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/09/17 Name & Address | |
| Name & Address Rehecca Super | |
| Rebecca Super 1221 Baldwin \$60.00 | |
| Rebecca Super 1221 Baldwin Ann Arbor MI 48104 | |
| Rebecca Super 1221 Baldwin \$60.00 | |
| Rebecca Super 1221 Baldwin Ann Arbor MI 48104 5. If over \$100.00 cumulative please provide: | |
| Rebecca Super 1221 Baldwin Ann Arbor MI 48104 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization | |
| Rebecca Super 1221 Baldwin Ann Arbor MI 48104 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: | |
| Rebecca Super 1221 Baldwin Ann Arbor MI 48104 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: | |
| Rebecca Super 1221 Baldwin Ann Arbor MI 48104 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation Employer Business Address Type of Contribution: Loan from a person Fund Raiser Page Subtotal #335 Grand Total of All Schedules 1A | |
| Rebecca Super 1221 Baldwin Ann Arbor MI 48104 5. If over \$100.00 cumulative, please provide: Cilck Here for Memo Itemization Occupation Employer Business Address Type of Contribution: Imployer Page Subtotal | |



CANDIDATE COMMITTEE

| Enter contributor's name middle initial. Check box Committee (PAC) Report | to indicate if con | tribu | ribution is from an individual, ution is from a Political Comn ardless of amount. | enter last name, first name, nittee or an Independent | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--|--------------------|-------|---|---|--|--|
| 3. Contribution # 1 Name & Address: Ed Shaffran 209 S. Fourth Ave Ann Arbor MI 481 | | | YES 4. Date of Rece | eipt <u>06/21/17</u> | _{\$} _100.00 | _{\$} 100.00 |
| 5. If over \$100.00 cumul | | | e: | | Click Here fo | or Memo Itemization |
| Occupation | | | Employer | | | |
| Business Address Type of Contribution: | Direct | | Loan from a person | Fund Raiser | | |
| Contribution #2 Name & Address | PAC Receipt? | | YES 4. Date of Rece | ipt 06/09/17 | | |
| Katherine and Eug 2216 Needham R Ann Arbor MI 481 | oad 04 | | | | \$ 200.00 | § 200.00 |
| 5. If over \$100.00 cumula Occupation Refived | | | e: mployer | | Click Here to | r Memo Itemization |
| Business Address | | | | | | |
| Type of Contribution: 🗸 | Direct | | Loan from a person | Fund Raiser | | |
| Contribution # 3 Name & Address: | PAC Receipt? | | YES 4. Date of Rece | eipt 06/03/17 | | |
| Stephen Lange Ranzini 100 N. Main Street #100 Ann Arbor MI 48104 | 04 | | | | _{\$} 20.00 | _{\$} 20.00 |
| 5. If over \$100.00 cumula | ative, please pro | vid | e: | | Click Here for | Memo Itemization |
| Occupation | | _ | Employer | | | |
| Business Address | ls: . | _ | · · · · · · · · · · · · · · · · · · · | 7 | | |
| Type of Contribution: 🗸 | Direct | T | Loan from a person | Fund Raiser | | |
| Contribution # 4 Name & Address | PAC Receipt? | L | YES 4. Date of Rec | eipt <u>06/09/17</u> | | |
| Stephen and Ellen 1503 Cambridge F Ann Arbor MI 4810 | Road | h | | | _{\$} 100.00 | _{\$_} 100.00 |
| 5. If over \$100.00 cumula | ative, please pro | vid | e: | | Click Here for | Memo Itemization |
| Occupation | | _ | Employer | | | |
| Business Address | | | .,,,,, | | | |
| Type of Contribution: | Direct | | Loan from a person | Fund Raiser | | |
| | | | | Page Subtotal | 0.St R | |
| 11 | | | | rand Total of All Schedules 1A lolete on last page of Schedule) | Enter this total on line 3a of Summary | |
| Page Y of 6 | | | | | Page. | |



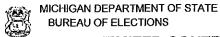
CANDIDATE COMMITTEE

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 all contributions 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 06/09/17 Name & Address: Ellen Clement 2722 Radcliffe Avenue Ann Arbor MI 48104 | _s 25.00 | _{\$} 25.00 |
| | <u> </u> | |
| If over \$100.00 cumulative, please provide: Occupation Employer | Click Here fo | or Memo Itemization |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/10/17 Name & Address | | |
| Michael Anthony and Akke Neeltje Talsma 2509 Jade Court Ann Arbor MI 48103 | <u>\$ 100.00</u> | _{\$} 100.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here for | r Memo Itemization |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: | | |
| 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/03/17 Name & Address: | | |
| David Holzschuh and Patricia Boettger 2783 Manchester Road Ann Arbor MI 48104 | \$25.00 | _{\$} 25.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here for | Memo Itemization |
| Occupation Employer | | |
| Business Address Type of Contribution: | | |
| 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/09/17 Name & Address | | |
| Raymond and Stephanie Hunter 1601 Dicken Drive Ann Arbor MI 48103 | _{\$} 100.00 | _{\$} 100.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here for | Memo Itemization |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: ✓ Direct Loan from a person Fund Raiser | | |
| Page Subtotal Grand Total of All Schedules 1A | 025 R | |
| (Complete on last page of Schedule) | Enter this total on | I |

Page 10 of 26

line 3a of Summary Page.

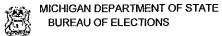


CANDIDATE COMMITTEE

1. Committee I.D. Number

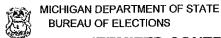
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| Enter contributor's name and address. middle initial. Check box to indicate if Committee (PAC) Report all contributi | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) | | |
|--|--|--|-----------------------------|----------------------|
| Contribution # 1 PAC Rece Name & Address: | pt? YES 4. Date of F | Receipt 06/01/17 | | |
| Nancy and Harvey Kaplan | | | | |
| 3065 Hunt Valley Drive | | | _{\$} 200.00 | , 200.00 |
| Ann Arbor MI 48104 | | | \$ | |
| 5. If over \$100.00 cumulative, please | | | Click Here f | or Memo Itemization |
| Occupation Retired | Employer | | | |
| Business Address | | | | |
| Type of Contribution: Direct | Loan from a person | Fund Raiser | | |
| Contribution #2 PAC Receip Name & Address | 1? YES 4. Date of R | eceipt 05/12/17 | | |
| David Elghammer | | | E0 00 | E0 00 |
| 1614 Longshore Drive | | | _{\$} 50.00 | _{\$} 50.00 |
| Ann Arbor MI 48105 | | | | |
| 5. If over \$100.00 cumulative, please | provide: | | Click Here for | or Memo Itemization |
| Occupation | Employer | | | |
| Business Address | | | | |
| Type of Contribution: Direct | Loan from a person | Fund Raiser | | |
| Contribution # 3 PAC Receip Name & Address: | YES 4. Date of F | Receipt 05/16/17 | | ; |
| Daniel and Nancy Himebau | ıgh | | _s 99.99 | _{\$} 99.99 |
| 2565 Gloucester Way | | | \$ 00.00 | \$ 33.33 |
| Ann Arbor MI 48104 | | | Click Here fo | r Memo Itemization |
| 5. If over \$100.00 cumulative, please | provide: | | | |
| Occupation | Employer | | | ; |
| Business Address | | T Park Balance | | |
| Type of Contribution: Direct | Loan from a person | Fund Raiser | | |
| Contribution # 4 PAC Receip Name & Address | t? YES 4. Date of F | Receipt 06/20/17 | | |
| Donald Gray | | | E0.00 | 405.00 |
| 1704 Morton | | | _{\$} 50.00 | _{\$} 125.00 |
| Ann Arbor MI 48104 | municida. | | | |
| 5. If over \$100.00 cumulative, please | Click Here for | Memo Itemization | | |
| Occupation_Retired | Employer | | | |
| Business Address | and the second s | | | |
| Type of Contribution: V Direct | Loan from a person | Fund Raiser | | |
| | | Page Subtotal | 99EE | |
| | | Grand Total of All Schedules 1A | | |
| (3 | (Co | omplete on last page of Schedule) | Enter this total on | J |
| Page 17 of 26 | | | line 3a of Summary Page. | |



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 regardless of amount. | | | | | enter last name, first name, ttee or an Independent | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--|---------------------|------|--------------------|--------------|---|---|--|
| 3. Contribution # 1 | PAC Receipt? | | YES 4. Date of R | Receip | pt 05/12/17 | | · |
| Name & Address: Ester and Rober | t Collis | | | | | | |
| 3210 McComb S | | | | | | _s 15.00 | å 15.00 |
| Ann Arbor MI 48 | 108 | | | | | \$ 10.00 | \$ |
| 5. If over \$100.00 cum | ulative, please pr | ovid | e: | | | Click Here fo | or Memo Itemization |
| Occupation | | _ | Employer | | | | |
| Business Address | | | | | | | |
| Type of Contribution: | ✓ Direct | | Loan from a person | | Fund Raiser | | |
| Contribution #2 Name & Address | PAC Receipt? | | YES 4. Date of R | eceip | ot <u>05/14/17</u> | | |
| Margaret Hostel 322 E. Liberty St Ann Arbor MI 48 | reet #18 | Sipe | es | | | _{\$} 50.00 | ş 50.00 |
| 5. If over \$100.00 cum | ılative, please pro | vid | 9: | | | Click Here fo | r Memo Itemization |
| Occupation | | _ E | mployer | | MOV | | |
| Business Address | | | | | - | | |
| Type of Contribution: | Direct | | Loan from a person | | Fund Raiser | | |
| Contribution # 3 Name & Address: | PAC Receipt? | | YES 4. Date of R | Receip | o5/07/17 | | THE STATE OF THE S |
| Ahmed Ziani 5951 Redstone Court | | | | | | _{\$} 50.00 | _{\$} 50.00 |
| Ann Arbor MI 48 5. If over \$100.00 cumu | | wide | · | | | Click Here for | Memo Itemization |
| | native, pieuse pre | | | | | • | |
| Occupation | | - ' | Employer | | | | |
| Business Address Type of Contribution: | / Direct | | Loan from a person | П | Fund Raiser | | |
| Contribution # 4 Name & Address | PAC Receipt? | | YES 4. Date of F | Recei | pt 06/22/17 | | |
| Ethel Potts | | | | | | | |
| 1014 Elder Blvd | | | | | | _{\$} 50.00 | 100.00 |
| Ann Arbor MI 48 ² | 103 | | | | | \$ | \$ |
| 5. If over \$100.00 cumu | ılative, please pro | vide | : : | | | Click Here for | Memo Itemization |
| Occupation | | _ | Employer | | | | |
| Business Address | | | | | | | |
| Type of Contribution: | Direct | | Loan from a person | \checkmark | Fund Raiser | | |
| | | | | | Page Subtotal | \$165 | |
| ; A | | | (Co | | nd Total of All Schedules 1A ete on last page of Schedule) | | |
| 14 | | | (| • | , | Enter this total on line 3a of Summary | |
| Page 4 of 6 | | | | | | Page. | |



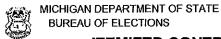
CANDIDATE COMMITTEE

2. Committee Name Stephen Kunselman for Council

| OANDIDATE OOMINITTEE 2. COMMING THE COMMIN | | |
|--|----------------------|--|
| 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 regardless of amount. | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/09/17 Name & Address: | | |
| Agnes and Stephen Reading 161 Laurin Court Ann Arbor MI 48105 | _{\$} 100.00 | _{\$} 100.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | or Memo Itemization |
| Occupation Employer | Olicit Hele i | Of William Rollingations |
| Business Address | | |
| Type of Contribution: ✓ Direct Loan from a person Fund Raiser | - | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/07/17 Name & Address | | |
| Katheryn Boris 5321 3rd Ann Arbor MI 48103 | _{\$} 50.00 | _{\$} 50.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | or Memo Itemization |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/03/17 Name & Address: | | |
| Andrew Overmire and Stephanie Buttrey 3136 Creek Drive Ann Arbor MI 48108 | \$ 50.00 | \$ 50.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here to | r Memo Itemization |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: | | |
| 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/01/17 Name & Address | | |
| Kay Holsinger and Douglas Wood 2300 Kent Street Ann Arbor MI 48103 | _{\$} 100.00 | _{\$_} 100.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Horo for | Memo Itemization |
| Occupation Employer | Click Here to: | Wellio ternization |
| Puninana Address | | |
| Business Address | | |
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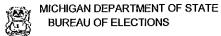
Page 43 of 26

line 3a of Summary Page.



ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

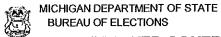
| 0 ,((15.15)(12. | | | | | |
|--|---|------------|--|----------------------|--|
| Enter contributor's name and address. If middle initial. Check box to indicate if con Committee (PAC) Report all contributions | l, enter last name, first name, mittee or an Independent | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) | | |
| Contribution # 1 PAC Receipt? Name & Address: Milliam Hatheway | YES 4. Date | e of Rec | eipt 05/01/17 | | |
| William Hathaway 3424 Stowe Street Ann Arbor MI 48103 | | | | _{\$} 100.00 | _{\$} 100.00 |
| 5. If over \$100.00 cumulative, please pro | ovide: | | | Clink Horn fo | or Memo Itemization |
| Occupation | Employer | | | Click here it | or Memo Remization |
| Business Address | | | | | |
| Type of Contribution: V Direct | Loan from a perso | n | Fund Raiser | | |
| Contribution #2 PAC Receipt? Name & Address | | | eipt 05/01/17 | | and the second s |
| Mary Hathaway | | | | | |
| 1407 Wakefield Avenue | | | | _{\$} 100.00 | _{\$} 100.00 |
| Ann Arbor MI 48103 | | | | , | |
| 5. If over \$100.00 cumulative, please pro | ovide: | | | Click Here fo | r Memo Itemization |
| Occupation | Employer | | | | |
| Business Address | | | ************************************** | | |
| Type of Contribution: Direct | Loan from a persor | <u> </u> | Fund Raiser | · | = |
| 3. Contribution # 3 PAC Receipt? Name & Address: | YES 4. Date | e of Rec | eipt 04/12/17 | | |
| Thomas and Joan Overmire | | | | _s 150.00 | ° 150.00 |
| 3210 Nordman Road Ann Arbor MI 48108 | | | | | 3 |
| 5. If over \$100.00 cumulative, please pro | ovide: | | | Click Here for | Memo Itemization |
| Occupation Retired | Employer | | | | |
| | Employei | | | | |
| Business Address Type of Contribution: Direct | Loan from a persor | , [| Fund Raiser | | |
| 3. Contribution # 4 PAC Receipt? | <u> </u> | | ====================================== | | |
| Name & Address | | | 00/22/17 | | |
| J Victor and Patricia Munoz 3131 Creek Drive | | | | _{\$} 50.00 | _{\$} 50.00 |
| Ann Arbor MI 48108 | | | | | 1 |
| 5. If over \$100.00 cumulative, please pro | ovide: | | | Click Here for | Memo Itemization |
| Occupation | Employer | | | | |
| Business Address | | | | | |
| Type of Contribution: ✓ Direct | Loan from a persor | 1 <u> </u> | Fund Raiser | | |
| | | | Page Subtotal | 发400 | |
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| 14 00 | | | | line 3a of Summary | |
| Page 17 of 64 | | | | Page. | |



CANDIDATE COMMITTEE

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 all contributions regardless of amount. | | | | | enter last name, first name, litee or an Independent | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--|-------------------|----------------|------------------|-------------------|--|---|--|
| 3. Contribution # 1 | PAC Receipt? | YE | S 4. Date of R | Recei | pt 06/25/17 | | |
| Name & Address: Peter Cokinos and | d Alice Rain | ıh | | | | | |
| 1607 Stadium Blv | | •• | | | | _s 25.00 | _. 25.00 |
| Ann Arbor MI 481 | 04 | | | | | \$_23.00 | \$ 20.00 |
| 5. If over \$100.00 cumul | ative, please pr | ovide: | | | | Click Here t | for Memo Itemization |
| Occupation | | _ Em | oloyer | | | | |
| Business Address | | | | | | | |
| Type of Contribution: ✓ | Direct | Lo | an from a person | | Fund Raiser | 4 | |
| Contribution #2 Name & Address | PAC Receipt? | YE | S 4. Date of R | eceip | ot <u>07/13/17</u> | | |
| Michael Weiss | | | | | | , 25.00 | 25.00 |
| 1821 Ferdon Roa | | | | | | \$ | _{\$} 25.00 |
| Ann Arbor MI 481 | | | | | | O | |
| 5. If over \$100.00 cumul | ative, please pro | vide: | | | | Click Here fo | or Memo Itemization |
| Occupation | | _ Emplo | yer | | | | |
| Business Address | | | | | | | |
| Type of Contribution: | Direct | Loa | n from a person | | Fund Raiser | | |
| 3. Contribution # 3 Name & Address: | PAC Receipt? | YI | ES 4. Date of F | Recei | o7/09/17 | | |
| Rita and Vince Ca | ıruso | | | | | _{\$} 50.00 | , 50.00 |
| 556 Glendale Circ | | | | | | \$ 00.00 | . <u>\$ 30.00</u> |
| Ann Arbor MI 481 | | | | | | Click Here fo | r Memo Itemization |
| 5. If over \$100.00 cumula | | | | | | | |
| Occupation | | _ Emp | loyer | | | | |
| Business Address | Direct | | on from a person | | L Fund Boines | | |
| Type of Contribution: | | | n from a person | <u> </u> | Fund Raiser | | |
| Contribution # 4 Name & Address | PAC Receipt? | ∐ ^Y | ES 4. Date of F | ≺ece | ipt 07/09/17 | | |
| Randall Jacob and | d Ann Lund | | | | | 25.00 | 25.00 |
| 1510 Jones Drive Ann Arbor MI 4810 | 15 | | | | | _{\$} 25.00 | _{\$} 25.00 |
| 5. If over \$100.00 cumula | | vide: | | | | | |
| Occupation | | | mployer | | | Click Here fo | r Memo Itemization |
| D. J Add | | | | | | | |
| Business Address Type of Contribution: | 7 Direct | | an from a person | $\overline{\Box}$ | Fund Raiser | | |
| Type of Continuedon. | T Duegr | LJ 1.00 | nom a porson | Щ | Page Subtotal | 4125 | |
| | | | | ^ | Ť | N ILLO | - |
| 17 | | | (Ci | | and Total of All Schedules 1A ete on last page of Schedule) | Patanthic total an | J |
| 15 01 | | | | | | Enter this total on line 3a of Summary | |
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CANDIDATE COMMITTEE

Page.

| CANDIDA LE COMMINITE 2. COMMINGE PARIE | | |
|--|----------------------|--|
| 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 regardless of amount. | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/09/17 Name & Address: | | |
| Jordan Siegel 322 E. Liberty Street Ann Arbor MI 48104 | _{\$} 150.00 | _{\$} 150.00 |
| | 1 | |
| 5. If over \$100.00 cumulative, please provide: Occupation Professor Employer University of Michigan | Click Here for | or Memo Itemization |
| Business Address Ann Arbor MI | | |
| Type of Contribution: V Direct Loan from a person Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7/18/17 Name & Address Refer Heydon 3562 West Horon River Drive Ann Arbor, MI 48(03) | | |
| Ann Arbor, MI 48103 | s <u>500</u> | <u> 500 </u> |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | r Memo Itemization |
| Occupation Retived Employer | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution #3 Name & Address: Dan Christie 2591 Carmel 5t, Ann Arbar, MI 48104 | \$ 50 | \$ 50 |
| 5. If over \$100.00 cumulative, please provide: | Click Hele los | Wellio Relinzation |
| Occupation Employer | | |
| Business Address Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution #4 Name & Address PAC Receipt? TYES 4. Date of Receipt 7 27 17 May Anzicek 2878 Showon Ann And And 48108 | s 20 | <u>05 </u> |
| 5. If over \$100.00 cumulative, please provide: | Click Here for | Memo Itemization |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| Page Subtot | 1 4720 | |
| Grand Total of All Schedules 1/ (Complete on last page of Schedule | | |



| 2. Committee Name | Stephen | Kunselman | for Council |
|-------------------|---------|-----------|-------------|
| . Communee name | • | | |

| | Offininger Name |
|---|---|
| Name and address of person or vendor to whom paid | 4. Purpose (Required Information) 5. Date 6. Amount |
| Expenditure #1 | |
| Name Goladdy. Com Address 2155 E. Goladdy Way | 4/21/17 \$ 15.17 |
| Address 2155 E. Goladdy Way | Purpose: Date Click Here for Memo Itemization Type |
| Tempe, AZ 85289 | Check box if this expenditure is payment of |
| Fund Raiser | debt or obligation reported on previous statement |
| Expenditure #2 | |
| Name GoDaddy. com | 4(27/17 s 83.88 |
| Address 2155 E. Golady Way | Purpose: Click Here for Memo Itemization Type |
| Tempe, AZ 85284 | —— Click Fiele for Mento Refilization Type |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement |
| Expenditure #3 | otatorion. |
| Name 0,5, Postal Service | 2 1 4/28/17:98.00 |
| Address 200 E. Liberty | Purpose: Postage Date Click Here for Memo Itemization Type |
| Ann Arbor, M1 48104 | Check box if this expenditure is payment of debt or obligation reported on previous |
| Fund Raiser | statement |
| Expenditure #4 | |
| Name Staples | 5/117 : 34.84 |
| Address 2601 Jackson | Purpose: Supplies Date! |
| Ann Arbor, MI 48103 | Click Here for Memo Itemization Type |
| | Check box if this expenditure is payment of debt or obligation reported on previous |
| Fund Raiser | statement |
| Expenditure #5 | |
| Name City Printing | 5/8/17 : 243.80 |
| Address 411 West (voss St. 1951/anti, MI 48198 | Purpose: Date Date Click Have for Marrie Hamization Tyros |
| PSilanti, MI 48198 | Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement |
| | Subtotal this page \$475,69 |
| | Grand Total of all Schedules 1B (Complete on last page of Schedule) |
| | /************************************* |

Enter this total on line 8a of Summary Page



1. Committee I. D. Number

C-2006-025

| 2. Committee Name Stephen Kunselman for Council | | | | | | |
|---|--------------------------------|---------|-----------|--|--|--|
| | Purpose (Required Information) | 5. Date | 6. Amount | | | |
| | | i i | | | | |

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
|--|---|---------------------------------------|------------------|
| Expenditure #1 | | | |
| Name Dominicks | F | 5/6/17 | \$ 109,14 |
| Address 812 MONTOR | Purpose: tood | ore for Meme | Itomization Type |
| Ann Arbor, MI 48104 | CIICK III | ere for Interno | Itemization Type |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #2 | | | |
| Name AMAZON | Purpose: SUPPLYS | 5/8/17 | s <u>14.95</u> |
| Address 410 Terry Ave | | are for Memo I | Itemization Type |
| Seattle WA 98109 | | at tol morno | normzanow rypo |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #3 | | | |
| Name City Printing Address 411 West Cross St. | Deiad | 5/10/1- | 1 \$ 10,60 |
| Address 411 West Cross St. | Purpose: YWW W | Date ' | |
| Ypsilouti, MI 48198 | Click Hei | re for Memo II | emization Type |
| - 1621,000 1, 1, 42148 | LICheck box if this expenditure is payment of debt or obligation reported on previous | | |
| Fund Raiser | statement | | |
| Expenditure #4 | | | |
| Name City Printing Address 411 West Cross St. | Deval | 5/31/17 | \$ 738,50 |
| Address 411 West Cross St. | Purpose: Printing | Date | |
| 4psilanti, MI 48198 | Click Her Check box if this expenditure is payment of | e for Memo It | emization Type |
| Fund Raiser | debt or obligation reported on previous statement | | |
| Expenditure #5 | | | |
| Name U.S. Postod Service | - \ | ·lolin | |
| Address 200 E. Libert | Purpose: POSTage | Date (| \$ <u>147,00</u> |
| Ann Arbor, MI assou | Click Hen | e for Memo Ite | emization Type |
| Fund Raiser | debt or obligation reported on previous statement | · · · · · · · · · · · · · · · · · · · | |
| | Subtotal | this page | 1250'16 |
| | Grand Total of all Sch (Complete on last page of | | |
| | (complete of last page of | | |

Enter this total on line 8a of Summary Page



1. Committee I. D. Number

C-2006-025

| | 2. | Committee | Name |
|--|----|-----------|------|
|--|----|-----------|------|

Stephen Kunselman for Council

| CANDIDATE COMMITTEE 2. | Committee Name Stephen Runselman for Council |
|--|--|
| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) 5. Date 6. Amount |
| Expenditure #1 Name O.S. Postal Service Address 200 E. Liberty Ann Arbor, MI 48109 | Purpose: Postage Date Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement |
| Expenditure #2 | |
| Name Staples Address 2601 Jackson | Purpose: Sopplies 6517 \$ 81.84 |
| | Click Here for Memo Itemization Type |
| Ann Arbor, MI 4803 | Check box if this expenditure is payment of debt or obligation reported on previous statement |
| Expenditure #3 | |
| Name Sowicki & Son | 61417 : 62938 |
| Address 1521 Ld. Latarette Detroit, MI 48216 | Purpose: V(CV(5) |
| Detroit, MI 48216 | Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement |
| Expenditure #4 | |
| Name Ann Arbor Toycees Address P.O. Box 1866 | Purpose: Parade 6/14/17 \$ 51.18 |
| Ann Alber, MI 48106 Fund Raiser | Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement |
| Expenditure #5 | |
| Name U.S. Postal Service Address 200 E. Libert | Purpose: Postage Cellat \$ 147.00 |
| Ann Arbor, MI 48104 Trund Raiser | Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement |
| | Subtotal this page \$\\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \ |
| | Grand Total of all Schedules 1B (Complete on last page of Schedule) |
| | Enter this total |

on line 8a of Summary Page



1. Committee I. D. Number

C-2006-025

| TTEE $_{2.0}$ | Committee Name | Stephen Kunselman | for Council | |
|---------------|-----------------|---------------------|-------------|-------|
| lo whom paid | 4. Purpose (Red | quired Information) | 5. Date | 6. An |

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
|--|---|------------------|------------------|
| Expenditure #1 | | i , | |
| Name City Printing Address 411 West Cross St. | Purpose: Printing | लिलीन | \$ 90,10 |
| Address 411 West Cross St. | | lere for Memo It | emization Tyne |
| Upsilanti, M1 48198 | Check box if this expenditure is payment of | icie ioi memo i | omization Type |
| Fund Raiser | debt or obligation reported on previous statement | | |
| Expenditure #2 | | | |
| Name Dait Packagina | Purpose: Mailwa | 6 22 17 Date | \$ <u>750,00</u> |
| Address Mailing Dr. | | ere for Memo Ite | emization Type |
| _ Ann Arber, MI 48103 | Check box if this expenditure is payment of | | |
| Fund Raiser | debt or obligation reported on previous statement | | |
| Expenditure #3 | | | |
| Name OTC Browds | | G2ZIn | s 47 % l |
| Address $P_0O_0B_0X_0 = 2308$ | Purpose: Parade Cand | Date | -10:01 |
| oughor HE roins | Click He | re for Memo ite | mization Type |
| Omaha, ME 68103 | — | | |
| , | Check box if this expenditure is payment of debt or obligation reported on previous | | |
| Fund Raiser | statement | | |
| Expenditure #4 | | | |
| Name Staples | | ê23 17 | \$ 5736 |
| Address 2601 Jackson | Purpose: SUPPLES | *Date * | |
| Ann Arbor, MI 48103 | Click Hei | re for Memo Iter | nization Type |
| | Check box if this expenditure is payment of | | |
| Fund Raiser | debt or obligation reported on previous statement | | : |
| Expenditure #5 | | | |
| Name City Printing Address 411 West Cross St. | ociation 6 | 126/17 | s 742 (C) |
| Address 411 West Cross St. | Purpose: YV VV TV (C) | Date Date | + 1-16-34 |
| Trund Raiser | Click Her Check box if this expenditure is payment of debt or obligation reported on previous statement | re for Memo Iten | nization Type |
| | | this page | 1682,27 |
| | Grand Total of all Sch | nedules 1B | ivu_ic1 |
| | (Complete on last page of | · I | ntos this total |

Enter this total on line 8a of Summary Page



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 | | <u> </u> | |
| Name Stoples | \$ | 6/29/17 | .10/0 |
| l . | Purpose: Supplies | Date | * (0'0) |
| 2601 Jackson | W | | |
| Ann Arbor, MI 48103 | Click H | ere for Memo It | emization Type |
| | Check box if this expenditure is payment of debt or obligation reported on previous | | |
| Fund Raiser | statement | | |
| Expenditure #2 | | ì | |
| Name City Printing Address 411 West Cross St. | | 630/17 | \$ 97.79 |
| Address A () 1000 A C COSC SI | Purpose: Printing. | Date | 1111 |
| 411 West Cross A. | J dipose. | | |
| Unilant MI raiga | Click He | re for Memo Ite | mization Type |
| 4psilanti, MI 48198 | Check box if this expenditure is payment of | | |
| Fund Raiser | debt or obligation reported on previous statement | | |
| Expenditure #3 | | | |
| Name Elmos | | Clodin | 010- |
| | [SN./Le | O 341 | \$ <u>84.20</u> |
| Address 404 E. Liberty | Purpose: 1 - 3/11/13 | Date | |
| | Click Her | e for Memo Iter | nization Type |
| Ann Arbor, M1 48104 | Check box if this expenditure is payment of | | |
| Fund Raiser | debt or obligation reported on previous statement | | |
| Expenditure #4 | | | |
| Name U.S. Postal Service | | 118/17 | 14900 |
| - A A | Purpose: Postage | Date | \$ <u>141,00</u> |
| Address 200 E. L. Derty | Purpose: | | |
| Ann Arbor, MI | Click Here | e for Memo Item | nization Type |
| | Check box if this expenditure is payment of | | |
| Fund Raiser 48104 | debt or obligation reported on previous statement | | |
| Expenditure #5 | | | |
| Name Unit Packaging X | | 11001 | |
| | Mailing - | 12417 | \$ 500,00 |
| Address | Purpose: 1 (CCT)VV | Date | |
| 119 Enterprise Dr. | Click Here | for Memo Item | ization Type |
| - Ann Arbor MI 48103 | Check box if this expenditure is payment of debt or obligation reported on previous | | |
| Fund Raiser | statement | | |
| | Subtotal t | his page 🤰 🤅 | 848,24 |
| | Grand Total of all Scho | | and the same |
| | (Complete on last page of | Schedule) | |

23. 12 of 26 Enter this total on line 8a of Summary Page



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

| Committee Name | Stephen | Kunselman | for Council |
|----------------|---------|-----------|-------------|

| <u> </u> | Dominiace Hame | |
|--|---|--------------------------------|
| Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date 6. Amount |
| Expenditure #1 | | |
| Expenditure #1 Name City Printing Address Addre | Purpose: Printing | 72117 \$ 72398 |
| Address 411 West (voss 54 | Purpose: Pt W TW W | Here for Memo Itemization Type |
| 705ilanti, MI 48198 | Check box if this expenditure is payment of | f |
| | debt or obligation reported on previous statement | |
| Expenditure #2 | | |
| Name | | |
| | | \$ |
| | Burnana | Date |
| Address | Purpose: | |
| | Click | Here for Memo Itemization Type |
| | Check box if this expenditure is payment or | f |
| Fund Raiser | debt or obligation reported on previous statement | |
| Expenditure #3 | | |
| | | |
| Name | | ¢ |
| | | \$ |
| Address | Purpose: | Date |
| | Ot-I- | Here for Manua Haminatian Trea |
| | Cilck | Here for Memo Itemization Type |
| | Check box if this expenditure is payment of | • |
| Fund Raiser | debt or obligation reported on previous | |
| | statement | |
| Expenditure #4 | | |
| Name | | |
| | | \$ |
| Address | Purpose: | Date ——— |
| | | |
| | Click I | lere for Memo Itemization Type |
| | Check box if this expenditure is payment of | |
| Fund Raiser | debt or obligation reported on previous statement | |
| Expenditure #5 | | |
| i | | |
| Name | | # |
| Address | Purpose: | \$ |
| , | 1 dipose | |
| | Click I | tere for Memo Itemization Type |
| | Check box if this expenditure is payment of | |
| ¬ | debt or obligation reported on previous | İ |
| Fund Raiser | statement | |
| | Subto | tal this page \$ 723,98 |
| | Grand Total of all 3 (Complete on last page | |
| | (Complete of last page | |

Enter this total on line 8a of Summary Page

24 Page 12 of 26



FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

| | - USE A | SEPARATE SH | EET FOR EACH EVENT | | |
|---|---------------|---|----------------------------------|---|--|
| 3. Date Event Was Held | or Participa | of Individuals Attending ting (whichever is | 5. Type of Fund Raising Activity | 6. Address and Name (If any) of the place where the activity was held. | |
| 6 23 17 | greater) 15 | | Meet & Greet | Tohn & Gwen Hydl 1016 Olivia Ave. X Ann Arbor, MI Private Residence 4810 | |
| 7. Total Contributions | | # 725 B | <u> </u> | | |
| 8. Other Receipts | | | | | |
| 9. Gross Receipts (Add lines 7 | and 8) | # 725 | | | |
| 10. Total Cost of Event (Total Cost includes In-Kind Cor | ntributions a | サイのル and All Expenditures | Made For the Event) | | |
| 11. Check if event was a joi | int fund rais | er and complete the | following: | | |
| Co-Sponsor(s) | | Contribution S _I (%) | plit | Expenditure Split (%) | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | <u></u> | | | |
| | | | <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
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

2. Committee Name Stephen Kunselman for Council

| | - USE A | SEPARATE SH | EET FOR EACH EVEN | Γ- | |
|---|--|----------------------------------|----------------------------------|---|--|
| 3. Date Event Was Held | 4. Number of Individuals Attending or Participating (whichever is greater) 25 | | 5. Type of Fund Raising Activity | Address and Name (If any) of the place where the activity was held. | |
| 5/6/17 | | | Campaign Kick-off | Dominicks 812 Monrol Ann Avoor MI Private Residence 4810 | |
| 7. Total Contributions | | _ # 170C |) | | |
| 8. Other Receipts | | <u> </u> | | | |
| 9. Gross Receipts (Add lines 7 a | and 8) | #1700 | | | |
| 10. Total Cost of Event (Total Cost includes In-Kind Cor | ntributions a | 数(の句,)白 and All Expenditures | • | | |
| 11. Check if event was a joi | nt fund rais | er and complete the | following: | | |
| Co-Sponsor(s) | | Contribution S (%) | plit | Expenditure Split (%) | |
| | | | <u></u> | <u> </u> | |
| | | • | | | |
| | | - | | | |
| | | | | <u> </u> | |
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| | | | | | |

- 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.

Page <u>12</u> of <u>26</u>