



**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: 03/16/10 to 7/18/10

1. Committee I.D. Number  
**C-2010-012**

2. Committee Name  
**Committee to elect Sumangala Kailasapathy**

4. Candidate Last Name **KAILASAPATHY** First Name **SUMANGALA** M.I.  
4a. Office Sought Including District # or Community Served (If applicable)  
**Ann Arbor City Council Member Ward 1**  
4b. County of Residence **WASHTENAW**

5. Committee's Mailing Address  
**2530 Mallard Court  
Ann Arbor, MI 48104**

Area Code and Phone **(734) 769-5698**

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address  
**Alpa Parikh  
3225 Rockcross Ct.  
Ann Arbor, MI 48103**

Area Code & Phone **(734) 663-1507**

7. Treasurer's Business Address  
**3225 Rockcross Ct.  
Ann Arbor, MI 48103**

Area Code and Phone **(734) 663-1507**

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

9. TYPE OF STATEMENT

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

Pre-Election or Post-Election Statement relates to:

Primary  General  
 Convention  School  
 Special  Caucus

Date of Election, Convention or Caucus  
08/03/2010

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

9d.  Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e.  Dissolution of Candidate Committee

Effective Date of Dissolution  
\_\_\_\_\_

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper **ALPA PARIKH** *Alpa Parikh* Date 7/19/10

Candidate **SUMANGALA KAILASAPATHY** *S. Kailasapathy* Date 7/19/10

FILED  
WASHTENAW COUNTY, MI  
2010 JUL 19 P 1:38  
LAWRENCE J. ESTERBAUGH  
COUNTY CLERK/REGISTRAR



1. Committee I.D. Number C-2010-012

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name Committee to elect Sumangala Kailasapathy

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>2850.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>2850.00</u>	(18.) \$ <u>2850.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>2850.00</u>	(20.) \$ <u>2850.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>65.52</u>	(21.) \$ <u>65.52</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>1861.54</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>1861.54</u>	(23.) \$ <u>1861.54</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ <u>0.00</u>
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ _____	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>2850.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>2850.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>1861.54</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>988.46</u> *	



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2010-012  
2. Committee Name COMMITTEE TO ELECT SUMANGALA KAILASAPATHY

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 regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/02/10</u> Name & Address: <b>IDAIKKADAR MAHENDRA</b> <b>24 BROOKFIELD WAY</b> <b>MORRISTOWN, NJ 07960</b> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>  <a href="#">Click Here for Memo Itemization</a>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/15/10</u> Name & Address: <b>SIVARUBAN MYLUPILLAI</b> <b>11875 SHENANDOAH TRACE</b> <b>LOVELAND, OH 45140</b> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>  <a href="#">Click Here for Memo Itemization</a>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/15/10</u> Name & Address: <b>JOGARATNAM GIRI</b> <b>2530 MALLARD CT</b> <b>ANN ARBOR, MI 48105</b> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>  <a href="#">Click Here for Memo Itemization</a>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/17/10</u> Name & Address: <b>KAILASAPATHY SUMANGALA</b> <b>2530 MALLARD CT</b> <b>ANN ARBOR, MI 48105</b> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>  <a href="#">Click Here for Memo Itemization</a>

Page Subtotal \$400.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2010-012  
2. Committee Name COMMITTEE TO ELECT SUMANGALA KAILASAPATHY

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.

3. Contribution # 1 PAC Receipt?  YES 4. Date of Receipt 04/16/10

Name & Address:  
**PARIKH ALPA**  
3225 ROCKCRESS CT  
ANN ARBOR, MI 48103

6. Amount \$ 50.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 50.00

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 #2 PAC Receipt?  YES 4. Date of Receipt 04/18/10

Name & Address:  
**SIDNEY KAREN**  
100 LONGMAN  
ANN ARBOR, MI 48103

6. Amount \$ 50.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 50.00

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 04/18/10

Name & Address:  
**MAHALINGAM RAM**  
3155 DOLPH DR  
ANN ARBOR, MI 48103

6. Amount \$ 50.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 50.00

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 # 4 PAC Receipt?  YES 4. Date of Receipt 04/18/10

Name & Address:  
**GUNARATNAM NARESH**  
2762 WHISPERING WOODS DRIVE  
ANN ARBOR, MI 48103

6. Amount \$ 75.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 75.00

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 \$225.00  
Grand Total of All Schedules 1A (Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2010-012  
2. Committee Name COMMITTEE TO ELECT SUMANGALA KAILASAPATHY

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.

3. Contribution # 1 PAC Receipt?  YES 4. Date of Receipt 04/18/10

Name & Address:  
**SARMA ARUNA**  
2762 WHISPERING WOODS DRIVE  
ANN ARBOR, MI 48103

6. Amount \$ 75.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 75.00

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 #2 PAC Receipt?  YES 4. Date of Receipt 04/18/10

Name & Address:  
**POTTS ETHEL K.**  
1014 ELDER BLVD.  
ANN ARBOR, MI 48103

6. Amount \$ 50.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 50.00

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 04/18/10

Name & Address:  
**CLARK KATHLEEN**  
549 S.FIRST ST.  
ANN ARBOR, MI 48103

6. Amount \$ 100.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 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 # 4 PAC Receipt?  YES 4. Date of Receipt 04/18/10

Name & Address:  
**CARUSO RITA L.**  
556 GLENDALE CIR  
ANN ARBOR, MI 48103

6. Amount \$ 30.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 30.00

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 \$255.00

Grand Total of All Schedules 1A (Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.



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CANDIDATE COMMITTEE**

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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 regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/18/10</u> Name & Address: <b>PRABHU MYTHILI</b> <b>778 BOGEY COURT</b> <b>ANN ARBOR, MI 48103</b> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ <u>50.00</u>
<a href="#">Click Here for Memo Itemization</a>		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/18/10</u> Name & Address: <b>WRIGHT SUSAN</b> <b>1616 TRAVER RD.</b> <b>ANN ARBOR, MI 48105</b> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>
<a href="#">Click Here for Memo Itemization</a>		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/24/10</u> Name & Address: <b>DEVARAJAN SHANTAYANAN</b> <b>5410 CHEVY CHASE PKWY</b> <b>WASHINGTON DC 20015</b> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>
<a href="#">Click Here for Memo Itemization</a>		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/24/10</u> Name & Address: <b>EATON JOHN</b> <b>1606 DICKEN DR</b> <b>ANN ARBOR, MI 48103</b> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MARK H. COUSENS</u> Business Address <u>26261 EVERGREEN RD., STE 110, SOUTHFIELD MI 48076</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>250.00</u>
<a href="#">Click Here for Memo Itemization</a>		

Page Subtotal \$500.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

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line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2010-012  
2. Committee Name COMMITTEE TO ELECT SUMANGALA KAILASAPATHY

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 regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/04/10</u> Name & Address: <b>PARIKH ALPA</b> <b>3225 ROCKCRESS CT</b> <b>ANN ARBOR, MI 48103</b> 5. If over \$100.00 cumulative, please provide: Occupation <u>CPA</u> Employer <u>EDWARDS, ELLIS &amp; ARMSTRONG</u> Business Address <u>206 S. FOURTH AVE., ANN ARBOR, MI 48104</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>150.00</u>  <a href="#">Click Here for Memo Itemization</a>
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/05/10</u> Name & Address: <b>MAHARG LOIS L.</b> <b>4730 MIDWAY DR.</b> <b>ANN ARBOR, MI 48103</b> 5. If over \$100.00 cumulative, please provide: Occupation _____      Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>  <a href="#">Click Here for Memo Itemization</a>
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/05/10</u> Name & Address: <b>BURTON ERIC B.</b> <b>4730 MIDWAY DR.</b> <b>ANN ARBOR, MI 48103</b> 5. If over \$100.00 cumulative, please provide: Occupation _____      Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>  <a href="#">Click Here for Memo Itemization</a>
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/13/10</u> Name & Address: <b>CAHILL DAVID</b> <b>1418 BROADWAY</b> <b>ANN ARBOR, MI 48105</b> 5. If over \$100.00 cumulative, please provide: Occupation _____      Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>  <a href="#">Click Here for Memo Itemization</a>

Page Subtotal \$400.00

Grand Total of All Schedules 1A  
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line 3a of Summary  
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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2010-012  
2. Committee Name COMMITTEE TO ELECT SUMANGALA KAILASAPATHY

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 regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/18/10</u> Name & Address: <b>PATEL HEENA H.</b> <b>2037 AUTUMN HILL DR.</b> <b>ANN ARBOR, MI 48103</b> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>
<a href="#">Click Here for Memo Itemization</a>		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/23/10</u> Name & Address: <b>BILAKOS PETER</b> <b>9601 ALICE HILL RD</b> <b>DEXTER, MI 48130</b> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>BILAKOS &amp; HANLON</u> Business Address <u>109 E. ANN ST., ANN ARBOR, MI 48104</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>150.00</u>	\$ <u>150.00</u>
<a href="#">Click Here for Memo Itemization</a>		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/24/10</u> Name & Address: <b>LOUCKS CHARLES H.</b> <b>2957 LESLIE PARK CIRCLE</b> <b>ANN ARBOR, MI 48105</b> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>20.00</u>	\$ <u>20.00</u>
<a href="#">Click Here for Memo Itemization</a>		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/08/10</u> Name & Address: <b>ARMSTRONG DAVID W.</b> <b>162 GARDEN CT</b> <b>WHITMORE LAKE, MI 48189</b> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>
<a href="#">Click Here for Memo Itemization</a>		

Page Subtotal \$370.00

Grand Total of All Schedules 1A  
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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2010-012  
2. Committee Name COMMITTEE TO ELECT SUMANGALA KAILASAPATHY

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 regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/08/10</u>	
Name & Address: <b>GLORIE CATHERINE LOUISE</b> 827 BROOKS ANN ARBOR, MI 48103		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/15/10</u>	
Name & Address: <b>EDWARDS ANN</b> 6857 ALDEN DR WEST BLOOMFIELD, MI 48324		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/16/10</u>	
Name & Address: <b>ELLIS JEFFREY</b> 6949 CARRINGTON CIR E WEST BLOOMFIELD, MI 48322		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
Name & Address: <del>_____</del>		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal **\$250.00**

Grand Total of All Schedules 1A  
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line 3a of Summary  
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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2010-012

2. Committee Name Committee to elect Sumangala Kailasafathy

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.

3. Contribution # 1 PAC Receipt?  YES 4. Date of Receipt 07/04/10

Name & Address:  
**HANSON KATHLEEN**  
1321 ORKNEY DR.  
ANN ARBOR, MI 48103

6. Amount \$ 50.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 50.00

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 #2 PAC Receipt?  YES 4. Date of Receipt 07/10/10

Name & Address:  
**ANNIS TED**  
2997 DEVONSHIRE ROAD  
ANN ARBOR, MI 48104

6. Amount \$ 400.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 400.00

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)

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 & Address: \_\_\_\_\_

6. Amount \$ \_\_\_\_\_ 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ \_\_\_\_\_

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 # 4 PAC Receipt?  YES 4. Date of Receipt \_\_\_\_\_

Name & Address: \_\_\_\_\_

6. Amount \$ \_\_\_\_\_ 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ \_\_\_\_\_

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 **450.00**

Grand Total of All Schedules 1A (Complete on last page of Schedule) **2850.00**

Enter this total on line 3a of Summary Page.



**ITEMIZED IN-KIND CONTRIBUTIONS  
SCHEDULE 1-IK**

1. Committee I. D. Number C-2010-012

**CANDIDATE COMMITTEE**

2. Committee Name COMMITTEE TO ELECT SUMANGALA KAILASAPATHY

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 <u>all</u> 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? <input type="checkbox"/> Yes Name & Address: <b>BULLINGTON LUANNE</b> <b>1801 SOUTH BOULEVARD</b> <b>ANN ARBOR, MI 48104</b>  If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN  Description <u>PHONE LIST</u>  5. Date Of Receipt: <u>04/09/10</u>  6. Vendor Name & Address: <b>PRACTICAL CONSULTING, INC.</b> <b>PO BOX 6249</b> <b>220 ALBERT STREET</b> <b>EAST LANSING, MI 48823</b>	\$ <u>65.52</u>	\$ <u>65.52</u>
<input type="checkbox"/> Fund Raiser Contribution			
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address:    If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN  Description _____  5. Date Of Receipt: _____  6. Vendor Name & Address:	\$ _____	\$ _____
<input type="checkbox"/> Fund Raiser Contribution			
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address:    If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN  Description _____  5. Date Of Receipt: _____  6. Vendor Name & Address:	\$ _____	\$ _____
<input type="checkbox"/> Fund Raiser Contribution			

Page Subtotal **\$65.52**

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule) **\$65.52**

Enter this total  
on line 6 of Summary  
Page



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2010-012  
2. Committee Name COMMITTEE TO ELECT SUMANGALA KAILASAPATHY

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>KOLOSSO PRINTING, INC.</b>  Address <b>301 EAST LIBERTY ANN ARBOR, MI 48104</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING BUSINESS CARDS</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/17/10</u> Date	<u>\$ 78.44</u>
Expenditure #2 Name <b>VINOLOGY</b>  Address <b>110 SOUTH MAIN ANN ARBOR, MI 48104</b>  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISER EXPENDITURE</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/18/10</u> Date	<u>\$ 243.94</u>
Expenditure #3 Name <b>CHECKS IN THE MAIL</b>  Address <b>PO BOX 351130 NEW BRAUNFELS, TX 78135-1130</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>CHECK ORDER</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/26/10</u> Date	<u>\$ 11.66</u>
Expenditure #4 Name <b>ALPA PARIKH</b>  Address <b>3225 ROCKCRESS CT ANN ARBOR, MI 48103</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>REIMBURSEMENT OF INITIAL BANK DEPOSIT</u>  <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/04/10</u> Date	<u>\$ 50.00</u>
Expenditure #5 Name <b>KIM KACHADOORIAN</b>  Address <b>204 E. Davis Ave. Ann Arbor MI 48104</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>REIMBURSEMENT FOR PURCHASE OF DOMAIN NAME</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/05/10</u> Date	<u>\$ 30.00</u>

Subtotal this page **\$414.04**

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

Enter this total  
on line 8a of  
Summary Page



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

**C-2010-012**

1. Committee I. D. Number

2. Committee Name

COMMITTEE TO ELECT SUMANGALA KAILASAPATHY

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>SAWICKI &amp; SON</b>  Address <b>1521 W. LAFAYETTE DETROIT, MI 48216</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>YARD SIGNS</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/06/10</u> Date	<u>\$ 336.00</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #2 Name <b>SAWICKI &amp; SON</b>  Address <b>1521 W. LAFAYETTE DETROIT, MI 48216</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>YARD SIGNS</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/12/10</u> Date	<u>\$ 731.95</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #3 Name <b>LAKSHMI RAMAKRISHNAN</b>  Address <b>6321 BRANT LANE YPSILANTI, MI 48197</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>REIMBURSEMENT FOR EVENT FOOD EXPENSES</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/22/10</u> Date	<u>\$ 78.89</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #4 Name <b>SUMANGALA KAILASAPATHY</b>  Address <b>2530 MALLARD COURT ANN ARBOR, MI 48105</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>REIMBURSEMENT FOR PALM CARD PRINTING</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/08/10</u> Date	<u>\$ 168.66</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #5 Name <b>POSTMASTER</b>  Address <b>LIBERTY STATION ANN ARBOR, MI 48104</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>STAMPS</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/21/10</u> Date	<u>\$ 22.00</u>  <a href="#">Click Here for Memo Itemization Type</a>

Subtotal this page **\$1,337.50**

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

Enter this total  
on line 8a of  
Summary Page



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2010-012  
2. Committee Name COMMITTEE TO ELECT SUMANGALA KAILASAPATHY

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>POSTMASTER</b>  Address <b>LIBERTY STATION ANN ARBOR, MI 48104</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>STAMPS</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/25/10</u> Date	<u>\$ 44.00</u>
Expenditure #2 Name <b>POSTMASTER</b>  Address <b>LIBERTY STATION ANN ARBOR, MI 48104</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>STAMPS</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/07/10</u> Date	<u>\$ 66.00</u>
Expenditure #3 Name  Address  <input type="checkbox"/> Fund Raiser	Purpose: _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name  Address  <input type="checkbox"/> Fund Raiser	Purpose: _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name  Address  <input type="checkbox"/> Fund Raiser	Purpose: _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **\$110.00**  
Grand Total of all Schedules 1B (Complete on last page of Schedule) **\$1,861.54**

Enter this total on line 8a of Summary Page



**DEBTS AND OBLIGATIONS  
SCHEDULE 1E  
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2010-012  
2. Committee Name COMMITTEE TO ELECT SUMANGALA KAILASAPATHY

This Schedule itemizes:				
a. <input checked="" type="checkbox"/> Debts and obligations owed <u>by</u> or forgiven the committee OR b. <input type="checkbox"/> Debts and obligations owed <u>to</u> or forgiven <u>by</u> the committee. (Check either a or b. Use only for the purpose checked.)				
3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <b>ALPA PARIKH</b> 3225 ROCKCRESS CT ANN ARBOR, MI 48103	4. Type: <u>LOAN FOR BANK DEPOSIT</u> 5. <u>Date Debt Was Incurred:</u> <u>04/16/10</u> 6. <u>Original Amount of Debt:</u> <u>\$ 50.00</u>	<u>05/04/10</u> \$ <u>50.00</u> \$ _____ \$ _____ \$ _____ \$ _____	\$ <u>50.00</u>	\$ <u>0.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **\$0.00**  
Grand Total of all Schedules 1E **\$0.00**  
(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2010-012

2. Committee Name Committee to elect Sumangala Kailasapathy

**- USE A SEPARATE SHEET FOR EACH EVENT -**

3. Date Event Was Held  <u>04/18/10</u>	4. Number of Individuals Attending or Participating (whichever is greater)  <u>80</u>	5. Type of Fund Raising Activity  <u>Meet and Greet</u>	6. Address and Name (If any) of the place where the activity was held. <u>Vinology</u> <u>110 South Main</u> <input type="checkbox"/> <u>Ann Arbor, MI 48104</u> <input type="checkbox"/> Private Residence
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7. Total Contributions 1,430.00

8. Other Receipts \_\_\_\_\_

9. Gross Receipts (Add lines 7 and 8) \_\_\_\_\_

10. Total Cost of Event 243.94

(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11.  Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution 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.





**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2010-012  
2. Committee Name Committee to elect Sumangala Kailasapati

**- USE A SEPARATE SHEET FOR EACH EVENT -**

3. Date Event Was Held  <u>05/23/10</u>	4. Number of Individuals Attending or Participating (whichever is greater)  <u>40</u>	5. Type of Fund Raising Activity  <u>Meet and Greet</u>	6. Address and Name (If any) of the place where the activity was held. <u>Earhart Village Clubhouse</u> <input type="checkbox"/> <u>835 Greenhills Dr</u> <input type="checkbox"/> <u>Private Residence ANN ARBOR</u>
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7. Total Contributions 970.00

8. Other Receipts \_\_\_\_\_

9. Gross Receipts (Add lines 7 and 8) \_\_\_\_\_

10. Total Cost of Event 78.89  
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11.  Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution 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.