CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

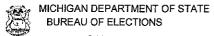
| Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate. | 3. This Statemer | nt covers From: | 03/16/10 | ₁₀ 7/18/10 | |
|--|---|--|---|--|---|
| Committee I.D. Number | 4. Candidate L | | | to //10/10 Name | M.I. |
| C-2010-012 | KAILASAP | - | SUMAN | · · · · · | IVI. I. |
| 2. Committee Name | I . | | | Served (If applicable) | ı |
| Committee to elect Sumangala Kailasapath | Ann Arbor (4b. County of Re | | il Member W HTENAW | /ard 1 Sc | |
| 5. Committee's Mailing Address | 6. Treasurer's N | ame & Resident | ial Address | 2 | A A |
| 2530 Mallard Court Ann Arbor, MI 48104 | Alpa Parikh 3225 Rocko Ann Arbor, I | ress Ct. | | O JUL 19 TY CLERK | FILE SHIENAW C |
| Area Code and Phone (734) 769-5698 | | | | ਰ ਰੂਨ | |
| 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. | Area Code & Pho | one (734) 66 | 3-1507 | 1.5 TO 3.5 TO 3. | * |
| 7. Treasurer's Business Address | 8. Designated Reco | ecord keeper's Nord keeper) | Name and Mailing A | Address (If the commit | ttee has a |
| 3225 Rockcress Ct. Ann Arbor, MI 48103 | | | | | |
| Area Code and Phone (734) 663-1507 | | | | | |
| 9. TYPE OF STATEMENT | Area Code and P | hone | | | |
| | | | | | |
| 9a. Pre-Election OR 9b. Post- | Election | 9c. Annua | al Statement(| Coverage Yea | ır) |
| Pre-Election or Post-Election Statement relates to: | | 9d. Amend or 9e to | lment to Campaign o indicate which Sta | Statement (Complete atement is being amer | ltem 9a, 9b, 9c nded) |
| ✓ Primary Gene | eral | 9e. Dissolu | ition of Candidate (| Committee | |
| Convention | ol | | Effective Date | of Dissolution | |
| Special | ıs | | | | |
| Date of Election, Convention or Caucus 08/03/2010 | | the dissolution of the Reporting V Note: The dispo 1B and the Sum | ots, including late fil cannot be granted, Vaiver. osition of residual fu nmary Page. | that the committee ha ling fees. Further, I/W that this be considere unds must be reported | Ve request that if ed a request for |
| A committee that does not have a Reporting Waiver must file all req Schedules. Direct contributions, in-kind contributions, loans, expend If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed amendment to the Statement of Organization should accompany this before the filing deadline of a required campaign statement, that | uired Campaign S ditures, and outsta d since the informa s Campaign State at campaign state | tatements. The nding debts cou ation was shown ment. If a reque | Campaign Statement against the \$1,000 on the committee's set for a Reporting waived. | ents must include all a 30 Reporting Waiver to s Statement of Organi g Waiver is not receiv | pplicable hreshold. zation, an ved on or |
| Verification: I\We certify that all reasonable diligence was used in my\our knowledge and belief the contents are true, accurate and com | the proporation of | this statement a | and attached sched | lules (if any) and to the | e best of |
| Current Treasurer or Designated Record keeper ALPA PARIKH Type or Print Name | Signature | ask | · | Date 7/19 | 40_ |
| Candidate SUMANGALA KAILASAPATHY / | S. Kai | lasapa | thy | Date $\frac{7}{I}$ | 9/10 |
| Type or Print Name | Signature | V | <i>V</i> | | |

1. Committee I.D. Number <u>C-2010-0</u>12

SUMMARY PAGE CANDIDATE COMMITTEE

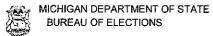
2. Committee Name Committee to elect Sumangala Kailasapathy

| RECEIPTS | Column I | Column II |
|---|-----------------------------|--------------------------------|
| 3. Contributions | This Period | Cumulative this election cycle |
| a. Itemized (Schedule 1A - Column 6) | (3a.) \$ 2850.00 | |
| b. Unitemized (less than \$20.01 each - no Schedule) | (3b.) \$ NOT APPLICABLE | |
| c. Subtotal of "Contributions" | (3c.) \$ 2850.00 | (18.) \$ 2850.00 |
| 4. Other Receipts (Schedule 1A -1, Column 6) | (4.) \$ | (19.) \$ |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) | (5.) \$ 2850.00 | (20.) \$ 2850.00 |
| IN-KIND CONTRIBUTIONS & EXPENDITURES | | |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7) | (6.) \$ 65.52 | (21.) \$ <u>65.52</u> |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6) | (7.) \$ | (22.) \$ |
| EXPENDITURES | | |
| 8. Expenditures | | |
| a. Itemized (Schedule 1B, Column 6) | (8a.) \$ 1861.54 | |
| 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.) \$ 1861.54 | (23.) \$ 1861.54 |
| INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) | | |
| 10. Disbursements a. Itemized (Schedule 1C, Column 6) | (10a.) \$ | |
| b. Unitemized (less than \$50.01 each - no Schedule) | 4401.2.0 | |
| 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) | (10b.) \$ | 0.00 |
| DEBTS AND OBLIGATIONS 12. Debts and Obligations | (11.) \$ | (24.) \$ 0.00 |
| a. Owed by the Committee (Schedule 1E) | (12a.) \$ | |
| b. Owed to the Committee (Schedule 1E) | (126) 0 | |
| | (12b.) \$ BALANCE STATEMENT | |
| 13. Ending Balance of last report filed | (13.) \$ 0.00 | |
| (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5. Total Contribution 2.0) | (14.) + \$ <u>2850.00</u> | |
| (Line 5, Total Contributions & Other Receipts) | (15.) = \$ <u>2850.00</u> | |
| 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period | (16.) - \$ 1861.54 | |
| (Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15) | (17.) \$ 988.46 | * |
| | | |



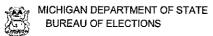
CANDIDATE COMMITTEE

| Enter contributor's name and address. If conmiddle initial. Check box to indicate if contrib Committee (PAC) Report <u>all</u> contributions reg | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) | | | |
|--|--------------------|--|--|--|-----------------------|
| Contribution # 1 PAC Receipt? Name & Address: | YES 4. Date of Re | ceip | ot 04/02/10 | | |
| IDAIKKADAR MAHENDRA | | | | | |
| 24 BROOKFIELD WAY | | | | 100.00 | <u>.</u> 100.00 |
| MORRISTOWN, NJ 07960 | | | | _{\$} _100.00_ | \$ 100.00 |
| 5. If over \$100.00 cumulative, please provide | te: | | | Click Here fo | or Memo Itemization |
| Occupation | Employer | | | Onor Front Te | Tromo romedon |
| Business Address | , | | | | |
| Type of Contribution: 🗸 Direct | Loan from a person | | Fund Raiser | | |
| Contribution #2 PAC Receipt? Name & Address | YES 4. Date of Rec | ceip | t <u>04/15/10</u> | | |
| SIVARUBAN MYLUPILLAI 11875 SHENANDOAH TRACE LOVELAND, OH 45140 | | | | _{\$} 100.00 | _{\$} 100.00 |
| 5. If over \$100.00 cumulative, please provide | e: | | | Click Here for | r Memo Itemization |
| Occupation E | mployer | | | | |
| Business Address | | | | | |
| Type of Contribution: | Loan from a person | | Fund Raiser | | |
| Contribution # 3 PAC Receipt? Name & Address: | YES 4. Date of Re | eceip | ot 04/15/10 | | |
| JOGARATNAM GIRI 2530 MALLARD CT ANN ARBOR, MI 48105 | | | | _{\$} 100.00 | _{\$} 100.00 |
| 5. If over \$100.00 cumulative, please provid | e: | | | Click Here for | Memo Itemization |
| Occupation | Employer | | <u> </u> | | |
| Business Address Type of Contribution: Direct | Loan from a person | $\overline{}$ | Fund Raiser | | |
| Contribution # 4 PAC Receipt? Name & Address | YES 4. Date of Re | eceip | ot 04/17/10 | | |
| KAILASAPATHY SUMANGALA 2530 MALLARD CT ANN ARBOR, MI 48105 | | | | _{\$} 100.00 | _{\$_} 100.00 |
| 5. If over \$100.00 cumulative, please provid | e: | | | Click Here for | Memo Itemization |
| Occupation | Employer | | | Olick Freie for | Wellio Reilization |
| Business Address | | | | | |
| Type of Contribution: Virect | Loan from a person | | Fund Raiser | | |
| | | | Page Subtotal | \$400.00 | |
| | | | nd Total of All Schedules 1A te on last page of Schedule) | To Anna Shira And Andrew | |
| Page | | | | Enter this total on line 3a of Summary Page. | |



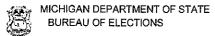
CANDIDATE COMMITTEE

| | box to indicate if cor | ıtrib | ution is from a Political Co | | enter last name, first name, ittee or an Independent | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|------------------------|----------|---|--------------|---|--|--|
| Contribution # 1 Name & Address: | PAC Receipt? | Ì | YES 4. Date of R | Recei | pt 04/16/10 | | |
| PARIKH ALPA | | | | | | | |
| 3225 ROCKCR | ESS CT | | | | | E0 00 | 50.00 |
| ANN ARBOR, N | ЛI 48103 | | | | | _{\$} 50.00 | _{\$} 50.00 |
| 5. If over \$100.00 cur | nulative, please pr | ovic | łe: | | | Click Here f | or Memo Itemization |
| Occupation | | | Employer | | | Click Here I | or Memo Remization |
| Business Address | | | | | | | |
| Type of Contribution: | Direct | √ | Loan from a person | Г | Fund Raiser | | |
| Contribution #2 Name & Address | PAC Receipt? | | YES 4. Date of R | eceip | ot_04/18/10 | ······································ | |
| SIDNEY KAREI 100 LONGMAN ANN ARBOR, N | | | | | | _{\$} 50.00 | _{\$} 50.00 |
| 5. If over \$100.00 cum | | vid | e: | | | Click Here fo | or Memo Itemization |
| Occupation | | | | | | | |
| Business Address | | | | | | | |
| Type of Contribution: | Direct | | Loan from a person | V | Fund Raiser | | |
| 3. Contribution # 3 | PAC Receipt? | | | | pt 04/18/10 | - | |
| Name & Address: | | L |] 150 4. Balle 01 1 | COGI | 04/18/10 | | |
| MAHALINGAM 3155 DOLPH D ANN ARBOR, M | R | | | | | _{\$} 50.00 | _{\$} 50.00 |
| 5. If over \$100.00 cum | | vid | a· | | | Click Here fo | r Memo Itemization |
| Occupation | p | | Employer | | | | |
| Business Address | | - | | | | | |
| Type of Contribution: | Direct | | Loan from a person | V | Fund Raiser | | |
| Contribution # 4 Name & Address | PAC Receipt? | | YES 4. Date of F | Recei | pt 04/18/10 | | |
| GUNARATNAM 2762 WHISPER ANN ARBOR, M | NG WOODS | DF | RIVE | | | _{\$} 75.00 | _{\$_} 75.00 |
| 5. If over \$100.00 cum | ulative, please pro | vide | ə : | | | Oliale I lana fac | |
| Occupation | | _ | Employer | | | Click Here to | Memo Itemization |
| Business Address | | • | *************************************** | | | | |
| Type of Contribution: | Direct | | Loan from a person | \checkmark | Fund Raiser | | |
| | | | | | Page Subtotal | \$225.00 | <u> </u> |
| | | | (Co | | nd Total of All Schedules 1A ete on last page of Schedule) | | |
| Page 2 of 8 | | | | | | Enter this total on line 3a of Summary Page. | |



CANDIDATE COMMITTEE

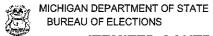
| | box to indicate if cor | ıtrib | ution is from a Political Co | | enter last name, first name, ttee or an Independent | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--|------------------------|-------|--|----------|--|-----------------------------|---|
| Contribution # 1 Name & Address: | PAC Receipt? | | YES 4. Date of F | Recei | pt 04/18/10 | | |
| SARMA ARUN | Ą | | | | | | |
| 2762 WHISPER | - | 3 D | RIVE | | | 75.00 | ° 75.00 |
| ANN ARBOR, I | /II 48103 | | | | | _{\$} 75.00 | \$ 73.00 |
| 5. If over \$100.00 cur | nulative, please pr | ovio | le: | | | Click Here fo | or Memo Itemization |
| Occupation | | | Employer | | | Olick Field R | or Memo Remization |
| 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_04/18/10 | | |
| POTTS ETHEL 1014 ELDER BI ANN ARBOR, M | LVD. | | | | | _{\$} 50.00 | _{\$} 50.00 |
| 5. If over \$100.00 cum | | vid | e: | | | Click Here fo | r Memo Itemization |
| Occupation | | E | nployer | | | | |
| Business Address | | - | , , | | | | |
| Type of Contribution: | Direct | | | 7 | Fund Raiser | | |
| | | _ | Loan from a person | | • • • • | | |
| 3. Contribution # 3 Name & Address: | PAC Receipt? | L | YES 4. Date of R | Recei | o4/18/10 | | |
| CLARK KATHLI 549 S.FIRST ST | Γ. | | | | | _{\$} 100.00 | _{\$} _100.00 |
| ANN ARBOR, M | | | | | | Click Here for | Memo Itemization |
| 5. If over \$100.00 cum | ulative, please pro | | | | | | |
| Occupation | | - ' | Employer | | | | |
| Business Address Type of Contribution: | Direct | | Loan from a person | 7 | Fund Dalan | | |
| 3. Contribution # 4 | | | ······································ | _ | Fund Raiser | | decement of the second of the |
| Name & Address | PAC Receipt? | L | YES 4. Date of F | ≺ecei | pt 04/18/10 | | |
| CARUSO RITA 556 GLENDALE ANN ARBOR, M | CIR | | | | | _{\$} 30.00 | _s 30.00 |
| 5. If over \$100.00 cum | ulative, please pro | vid |) : | | | Clink Horn for | Mana Manipation |
| Occupation | | _ | Employer | | | Click Here for | Memo Itemization |
| Business Address | | | W-1-1- | | | | |
| Type of Contribution: | Direct | | Loan from a person | ✓ | Fund Raiser | | |
| | | | | | Page Subtotal | \$255.00 | |
| | | | | Grai | nd Total of All Schedules 1A | | |
| | | | (Co | omple | ete on last page of Schedule) | Enter this total on | J |
| Page 3 of 8 | | | | | | line 3a of Summary Page. | |



CANDIDATE COMMITTEE

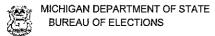
1. Committee I.D. Number _____010-012

| Enter contributor's na middle initial. Check l Committee (PAC) Rep | oox to indicate if cor | trib | ution is from a Politica | | ter last name, first name, ee 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 | 04/18/10 | | |
| PRABHU MYTI | HILI | | | | | | |
| 778 BOGEY CO | | | | | | _s 50.00 | _a 50.00 |
| ANN ARBOR, N | /II 48103 | | | | | \$ 30.00 | <u>\$ 00.00</u> |
| 5. If over \$100.00 cur | nulative, please pr | ovic | le: | | | Click Here f | or Memo Itemization |
| Occupation | | _ | Employer | | | Ollok Fiere i | or womo remzation |
| Business Address | | | | | | | |
| Type of Contribution: | Direct | | Loan from a person | · √ | Fund Raiser | | |
| Contribution #2 Name & Address | PAC Receipt? | | YES 4. Date | of Receipt | 04/18/10 | | ************************************** |
| WRIGHT SUSA 1616 TRAVER I ANN ARBOR, M | RD. | | | | | _{\$} _100.00 | _{\$} _100.00 |
| 5. If over \$100.00 cum | ulative, please pro | vid | e: | | | Click Here fo | or Memo Itemization |
| Occupation | •••• | _ E | mployer | | | | |
| Business Address | TITO NAME OF THE OWNER OWN | | | | | | |
| Type of Contribution: | Direct | | Loan from a person | \checkmark | Fund Raiser | | |
| 3. Contribution # 3 Name & Address: | PAC Receipt? | | YES 4. Date | of Receipt | 04/24/10 | | |
| DEVARAJAN S 5410 CHEVY C WASHINGTON | HASE PKWY | N | | | | _{\$} 100.00 | _{\$} 100.00 |
| 5. If over \$100.00 cum | ulative, please pro | vid | e: | | | Click Here for | Memo Itemization |
| Occupation | | _ | Employer | | | | |
| Business Address | ***** | | | | | | |
| Type of Contribution: | Direct | | Loan from a person | ✓ | Fund Raiser | ,, | and a construction of the |
| 3. Contribution # 4 Name & Address | PAC Receipt? | | YES 4. Date | of Receipt | 04/24/10 | | |
| EATON JOHN 1606 DICKEN D ANN ARBOR, M | l 48103 | | | | | _{\$} 250.00 | _{\$} 250.00 |
| 5. If over \$100.00 cum | ,, , | vid |) : | | | Click Here for | Memo Itemization |
| Occupation ATTOR | NEY | _ | Employer MARK | (H. COL | ISENS | | |
| Business Address 262 | 261 EVERGRE | ΕN | RD., STE 110, | SOUTH | FIELD MI 48076 | | |
| Type of Contribution: | Direct | <u> </u> | Loan from a person | √ | Fund Raiser | | |
| Page 4 of S | | | | | Page Subtotal Total of All Schedules 1A e on last page of Schedule) | \$500.00 Enter this total on line 3a of Summary Page. | |



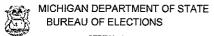
CANDIDATE COMMITTEE

| | ox to indicate if cor | tribu | ition is from a Political Co | | enter last name, first name, tee or an Independent | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|-----------------------|-------|--|-------------------------|--|--|--|
| 3. Contribution # 1 Name & Address: PARIKH ALPA | PAC Receipt? | | YES 4. Date of R | leceir | ot <u>05/04/10</u> | | |
| 3225 ROCKCR | | | | | | _s 100.00 | ູ 150.00 |
| ANN ARBOR, N | | | | | | \$ | \$ |
| 5. If over \$100.00 cun | ulative, please pr | ovid | e: FDWARDS | FI | LIS & ARMSTRONG | Click Here for | or Memo Itemization |
| Occupation CPA | e c couptu | | | | | | |
| Business Address 20 Type of Contribution: | Direct | | Loan from a person | 401 | Fund Raiser | | |
| Contribution #2 Name & Address | PAC Receipt? | | YES 4. Date of Re | eceip | t 05/05/10 | | |
| MAHARG LOIS 4730 MIDWAY I ANN ARBOR, N | DR. | | | | | \$ <u>100.00</u> | <u>\$_100.00</u> |
| 5. If over \$100.00 cum | ulative, please pro | vid | 9 : | | | Click Here fo | r Memo Itemization |
| Occupation | | _ Er | nployer | | | | |
| Business Address | | | | | | | , |
| Type of Contribution: | Direct | | Loan from a person | V | Fund Raiser | | , |
| Contribution # 3 Name & Address: | PAC Receipt? | | YES 4. Date of R | eceir | ot 05/05/10 | | |
| BURTON ERIC 4730 MIDWAY I ANN ARBOR, M | DR. | | | | | _{\$} 100.00 | _{\$} 100.00 |
| 5. If over \$100.00 cum | | vide | : | | | Click Here for | Memo Itemization |
| Occupation | | | Employer | | | | |
| Business Address | | | | | | | |
| Type of Contribution: | Direct | | Loan from a person | $\overline{\mathbf{V}}$ | Fund Raiser | | |
| Contribution # 4 Name & Address | PAC Receipt? | | YES 4. Date of F | Recei | pt <u>05/13/10</u> | | |
| CAHILL DAVID 1418 BROADWA ANN ARBOR, M | | | | | | _{\$} 100.00 | _{\$} 100.00 |
| 5. If over \$100.00 cum | ulative, please pro | vide | : | | | Click Here for | Memo Itemization |
| Occupation | | _ | Employer | · | | Olick Here for | Memo itemization |
| Business Address | | | 7F-4F-18-94-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1- | | | | |
| Type of Contribution: | Direct | | Loan from a person | ✓ | Fund Raiser | | · |
| | | | | | Page Subtotal | \$400.00 | |
| | | | (Cc | | nd Total of All Schedules 1A te on last page of Schedule) | | J |
| Page 5 of S | | | | | | Enter this total on line 3a of Summary Page. | |



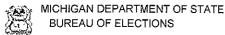
CANDIDATE COMMITTEE

| 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 <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? YES 4. Date of Receipt 05/18/10 Name & Address: PATEL HEENA H. | | |
| 2037 AUTUMN HILL DR. | 100.00 | <u>,</u> 100.00 |
| ANN ARBOR, MI 48103 | _{\$} 100.00 | \$ 100.00 |
| 5. If over \$100.00 cumulative, please provide: | Cliek Here f | or Memo Itemization |
| Occupation Employer | Click here i | or Memo Remization |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/23/10 Name & Address | | |
| BILAKOS PETER 9601 ALICE HILL RD DEXTER, MI 48130 | _{\$} 150.00 | _{\$} 150.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | or Memo Itemization |
| Occupation ATTORNEY Employer BILAKOS & HANLON | | |
| Business Address 109 E. ANN ST., ANN ARBOR, MI 48104 | | |
| Type of Contribution: Direct Loan from a person 🗸 Fund Raiser | | |
| 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/24/10 Name & Address: | _ | |
| LOUCKS CHARLES H. 2957 LESLIE PARK CIRCLE | _{\$} 20.00 | _{\$} 20.00 |
| ANN ARBOR, MI 48105 | Click Here for | r 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 06/08/10 Name & Address | | |
| ARMSTRONG DAVID W. 162 GARDEN CT WHITMORE LAKE, MI 48189 | _{\$} 100.00 | _{\$} _100.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here for | r Memo Itemization |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| Page Subtota | \$370.00 | |
| Grand Total of All Schedules 1A (Complete on last page of Schedule) | | |
| Page 6 of 8 | Enter this total on line 3a of Summary Page. | |



CANDIDATE COMMITTEE

| Enter contributor's nar middle initial. Check to Committee (PAC) Rep | ox to indicate if con | trib | ution is from a Political (| idual, en Committe | ter last name, first name, ee or an Independent | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--|-----------------------|------|-----------------------------|-----------------------|---|--|--|
| 3. Contribution # 1 Name & Address: GLORIE CATHI 827 BROOKS | PAC Receipt? | | YES 4. Date of | Receipt | 06/08/10 | | 400.00 |
| ANN ARBOR, M | 11 48103 | | | | | _s 100.00 | _{\$} 100.00 |
| 5. If over \$100.00 cum | | vic | le: | | | | |
| Occupation | | | Employer | | | Click Here fo | or Memo Itemization |
| Business Address | | | | | | | |
| Type of Contribution: | Direct | | Loan from a person | V | Fund Raiser | | |
| Contribution #2 Name & Address | PAC Receipt? | | YES 4. Date of | Receipt | 06/15/10 | | |
| EDWARDS ANN 6857 ALDEN DF WEST BLOOMF | ₹ | 324 | ļ. | | | _{\$} 100.00 | _{\$} 100.00 |
| 5. If over \$100.00 cum | ulative, please pro | vid | e: | | | Click Here fo | r Memo Itemization |
| Occupation | | . E | nployer | | | | |
| Business Address | TT-80-11 | | | | | | |
| Type of Contribution: | Direct | | Loan from a person | V | Fund Raiser | | |
| 3. Contribution # 3 Name & Address: | PAC Receipt? | | YES 4. Date of | Receipt | 06/16/10 | | |
| ELLIS JEFFREY 6949 CARRING WEST BLOOMF | TON CIR E | 22 | | | | _{\$} 50.00 | _{\$} _50.00 |
| 5. If over \$100.00 cum | | | | | | Click Here for | Memo Itemization |
| Occupation | | . 1 | Employer | | | | |
| Business Address | | | | | | | |
| Type of Contribution: | Direct | | Loan from a person | ✓ | Fund Raiser | | |
| 3. Contribution # 4 Name & Address | PAC Receipt? | | YES 4. Date of | Receipt | \ | | |
| | | \ | | | | \$ | \$ |
| 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 | F | Fund Raiser | | |
| Page 7 of 3 | • | | (0 | | Page Subtotal Total of All Schedules 1A on last page of Schedule) | \$250.00 Enter this total on line 3a of Summary Page. | |



Page 8 of 8

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

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

Page.

2. Committee Name Committee to elect Sumangela Kailas afathy CANDIDATE COMMITTEE Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount Cumulative for middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Election Cycle for Each Committee (PAC) Report all contributions regardless of amount. Contributor (Through date of receipt) 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/04/10 HANSON KATHLEEN 1321 ORKNEY DR. ANN ARBOR, MI 48103 _{\$}50.00 _s 50.00 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation _ Employer _ Business Address Type of Contribution: Direct Fund Raiser Loan from a person 3. Contribution #2 PAC Receipt? YE\$ 4. Date of Receipt 07/10/10 Name & Address ANNIS TED 2997 DEVONSHIRE ROAD s 400.00 ANN ARBOR, MI 48104 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation RETIRED Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt Name & Address: Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Employer_ Occupation _ Business Address _ Direct Type of Contribution: Loan from a person Fund Raiser PAC Receipt? 3. Contribution # 4 YES 4. Date of Receipt Name & Address 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 12850.00 (Complete on last page of Schedule) Enter this total on line 3a of Summary



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number <u>C-201</u>0-012

| CANDIDATE COM | AITTEE 2. Committee Name COMMITTEE TO ELEC | CT 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 all in-kind contributions. | Type of In-Kind Contribution (Check applicable box) Date of Receipt Name & Address of Vendor from whom goods or services were purchased | 7. Amount or Fair Market Value | 8. Cumulative for Election Cycle (Through date in Item 5) |
| Contribution # 1 PAC Receipt? Yes Name & Address: BULLINGTON LUANNE 1801 SOUTH BOULEVARD | 4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others | 65.52 | _s 65.52 |
| ANN ARBOR, MI 48104 If over \$100.00 cumulative, please provide: Occupation: | Goods or Services Purchased by Candidate or Others- LOAN Description PHONE LIST | | |
| Employer Name & Business Address: Fund Raiser Contribution | 5. Date Of Receipt: 04/09/10 6. Vendor Name & Address: PRACTICAL CONSULTING, INC. PO BOX 6249 220 ALBERT STREET EAST LANSING, MI 48823 | lick Here for Memo I | Itemization |
| Contribution # 2 PAC Receipt? Yes Name & Address | 4. | | \$ |
| If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: | Description 5. Date Of Receipt: 6. Vendor Name & Address: | lick Here for Memo I | itemization |
| Fund Raiser Contribution | | | |
| Contribution #3 PAC Receipt? Yes Name & Address: | 4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN | s | 3 |
| If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: | Description 5. Date Of Receipt: 6. Vendor Name & Address: | lick Here for Memo I | temization |
| Fund Raiser Contribution | | <u> </u> | <u> </u> |
| | Page Subtota | \$65.52 | |
| | Grand Total of all Schedules 1-i (Complete on last page of Schedule | | |

Enter this total on line 6 of Summary Page

Page 1 of 1



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

2. Committee Name COMMITTEE TO ELECT SUMANGALA KAILASAPATHY

| Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
|---|---|------------------|--|
| | (, | | |
| Expenditure #1 | | | |
| Name KOLOSSO PRINTING, INC. | | 04/17/10 | s 78.44 |
| Address | Purpose: PRINTING BUSINESS CARDS | Date | |
| 301 EAST LIBERTY | | - ! 6 N.4 | Itawalaatian Ton- |
| ANN ARBOR, MI 48104 | Click P | tere for ivierno | Itemization Type |
| | Check box if this expenditure is payment of | | |
| Fund Raiser | debt or obligation reported on previous statement | | |
| Expenditure #2 | | | |
| Name VINOLOGY | | 04/18/10 | . 040.04 |
| | | ———— Date | \$ <u>243.94</u> |
| Address | Purpose: FUNDRAISER EXPENDITURE | | |
| 110 SOUTH MAIN | Click H | lere for Memo | Itemization Type |
| ANN ARBOR, MI 48104 | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| - | Check box if this expenditure is payment of debt or obligation reported on previous | | |
| ✓ Fund Raiser | statement | | |
| Expenditure #3 | | | |
| Name CHECKS IN THE MAIL | | 04/26/10 | |
| | OUEOK OPPED | | \$ <u>11.66</u> |
| Address | Purpose: CHECK ORDER | Date | |
| PO BOX 351130 | Click H | ere for Memo i | temization Type |
| NEW BRAUNFELS, TX 78135-1130 | Check box if this expenditure is payment of | | |
| Fund Raiser | debt or obligation reported on previous | | |
| | statement | | |
| Expenditure #4 | | | |
| ^{Name} ALPA PARIKH | | 05/04/10 | e EO OO |
| Address | REIMBURSEMENT OF INITIAL BANK DEPOSIT | Date | \$ <u>50.00</u> |
| | Purpose: | | |
| 3225 ROCKCRESS CT | Click He | ere for Memo I | temization Type |
| ANN ARBOR, MI 48103 | Check box if this expenditure is payment of | | |
| Fund Raiser | debt or obligation reported on previous | | |
| | statement | | |
| Expenditure #5 | | | |
| Name KIM KACHADOORIAN | | 05/05/10 | |
| Address | REIMBURSEMENT FOR PURCHASE OF DOMAIN NAME Purpose: | Date | \$ <u>30.00</u> |
| 204 E. Davis Ave. | Fulpose. | | |
| Ann Arbor MI 48104 | | ere for Memo I | temization Type |
| | Check box if this expenditure is payment of debt or obligation reported on previous | • | |
| Fund Raiser | statement | | |
| | Subtota | al this page | \$414.04 |
| | 0 17 (1 4 10 | - | Ψ τ ι τ . Ο τ |
| | Grand Total of all S (Complete on last page | | |
| | , , , , , , , , , , , , , , , , , , , | ′ [| Enter this total |

on line 8a of Summary Page

Page _____of ____



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

C-2010-012

| 2. Committee Name | COMMITTEE TO ELECT SUMANGALA KAILASAPATHY |
|-------------------|---|
| | |

| Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
|---|---|------------------|------------------|
| Expenditure #1 | | | |
| Name SAWICKI & SON | | 05/06/10 | \$ 336.00 |
| Address | Purpose: YARD SIGNS | Date | w |
| 1521 W. LAFAYETTE | Click H | iere for Memo | Itemization Type |
| DETROIT, MI 48216 | | | , , , , |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #2 | | | |
| Name SAWICKI & SON | | 05/12/10 | \$ 731.95 |
| Address | Purpose: YARD SIGNS | Date | · <u></u> |
| 1521 W. LAFAYETTE | Click H | ere for Memo | Itemization Type |
| DETROIT, MI 48216 | | | |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #3 | | | |
| Name LAKSHMI RAMAKRISHNAN | | 05/22/10 | \$ 78.89 |
| Address | Purpose: REIMBURSEMENT FOR EVENT FOOD EXPENSES | Date | |
| 6321 BRANT LANE | Click H. | ere for Memo | Itemization Type |
| YPSILANTI, MI 48197 | Check box if this expenditure is payment of | 010 101 11101110 | 10771244077 1990 |
| Fund Raiser | debt or obligation reported on previous statement | | |
| Expenditure #4 | | | |
| Name SUMANGALA KAILASAPATHY | 9 | 06/08/10 | s 168.66 |
| Address | Purpose: | Date | |
| 2530 MALLARD COURT | 0.11 | | u |
| ANN ARBOR, MI 48105 | | ere for ivierno | Itemization Type |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #5 | | | |
| Name POSTMASTER | | 00/04/40 | |
| | | 06/21/10 | \$ 22.00 |
| Address | Purpose: STAMPS | Date | |
| LIBERTY STATION ANN ARBOR, MI 48104 | ! | ere for Memo | Itemization Type |
| · | Check box if this expenditure is payment of debt or obligation reported on previous | | |
| Fund Raiser | statement | - | |
| | Subtota | al this page | \$1,337.50 |
| | Grand Total of all S | | |
| | (Complete on last page | oi Scriedule) | |

Enter this total on line 8a of Summary Page



ITEMIZED EXPENDITURES **SCHEDULE 1B CANDIDATE COMMITTEE**

C-2010-012

1. Committee I. D. Number

| 7, 00mmage 1: D. 14 | | • |
|---------------------|--|---|
| 2. Committee Name | COMMITTEE TO ELECT SUMANGALA KAILASAPATH | Y |
| L. Committee Hame | | - |

| Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
|---|---|----------------|------------------|
| Expenditure #1 | | | |
| Name POSTMASTER | | 06/25/10 | \$ 44.00 |
| Address | Purpose: STAMPS | Date | |
| LIBERTY STATION | | Here for Memo | Itemization Type |
| ANN ARBOR, MI 48104 | · · | TOTO TOT MOTHE | nonneadon 1, po |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #2 | | | |
| Name POSTMASTER | | 07/07/10 | \$ 66.00 |
| Address | Purpose: STAMPS | Date | |
| LIBERTY STATION | Click H | lere for Memo | Itemization Type |
| ANN ARBOR, MI 48104 | | | |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #3 | | | |
| Name | | | |
| Address | Purpose: | Date | \$ |
| | Click H | ere for Memo | Itemization Type |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #4 | Statement | • • | |
| Name | | | |
| Address | Purpose: | Date | \$ |
| | | | |
| | Click H | ere for Memo | Itemization Type |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #5 | | | |
| Name | | | |
| Address | Purpose: | Date | \$ |
| | Click H | lere for Memo | Itemization Type |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| | | al this page | \$110.00 |
| | Grand Total of all S (Complete on last page | | \$1,861.54 |

Enter this total on line 8a of Summary Page

Page 3 of 3



DEBTS AND OBLIGATIONS SCHEDULE 1E

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

| \sim | A | N I I | | | ٨ | TE | | \sim 1. | | MI | Ti | -= | _ |
|--------|---|-------|----|---|---|----|-----|-----------|-----|-----|-----|----|---|
| | - | и. | UI | u | м | | اصا | UII | # I | VII | 2 2 | ⊏ | |

| CANDIDATE COMMITTEE | | | | |
|--|--|--|--|--|
| This Schedule itemizes: | | | | |
| a Debts and obligations owed by or forgiven the com (Chec | mittee OR b. Debt | s and obligations owed <u>to</u> o urpose checked.) | r forgiven <u>by</u> the co | nmittee. |
| 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 endorsers 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? Yes Owed to or by: | 4. Type: LOAN FOR BANK DEPOSIT | 05/04/10 _{\$} 50.00 | | |
| ALPA PARIKH 3225 ROCKCRESS CT | 5. Date Debt Was Incurred: | <u> </u> | | |
| ANN ARBOR, MI 48103 | 04/16/10 | \$ | \$ 50.00 | \$ 0.00 |
| | 6. Original Amount of Debt: | \$ | \$ | |
| | \$50.00 | \$ | | FORGIVEN |
| If bank loan, name of endorser or guarantor: | | | ount Endorsed: \$ | |
| Debt #2 Corp? Yes | 4.73 | | | |
| Owed to or by: | 4. Type: | <u> </u> | | |
| | 5. <u>Date Debt Was Incurred</u> : | | | |
| | 6. Original Amount of Debt: | \$ | • | \$ |
| | \$ | \$ | . | |
| | Φ | \$ | | FORGIVEN |
| If bank loan, name of endorser or guarantor: | | Am | ount Endorsed: \$ | |
| Debt #3 Corp? Yes | 4 Tymor | | | |
| Owed to or by: | 4. Type: | \$ | | |
| | 5. <u>Date Debt Was Incurred</u> : | \$ | | |
| | 6. Original Amount of Debt: | S | | \$ |
| | 6. Original Amount of Debt. | \$ | · \$ | |
| | 5 | \$ | | FORGIVEN |
| If bank loan, name of endorser or guarantor: | | An | nount Endorsed: \$_ | |
| | | Page Subtotal | (Outstanding debt) | \$0.00 |
| (Co | mplete on last page of Schedule s | | of all Schedules 1E r to the committee) | \$0.00 |
| | , , , , | | 7. | Enter this total on line 12a "owed |
| A debt or obligation must be shown on this Schedul this Campaign Statement or it was forgiven during t | | | osing date of | by"" or line 12b "owed to" of the Summary Page |
| Page of | | | | |



Summary Page.

Page 1 of 2

FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

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

2. Committee Name Committee to elect Sumangala Kailasapathy

| | 2. 001 | minitee Ivaline | |
|--|--|----------------------------------|--|
| | - USE A SEPARATE SH | EET FOR EACH EVENT | - |
| 3. Date Event Was Held | Number of Individuals Attending or Participating (whichever is greater) | 5. Type of Fund Raising Activity | 6. Address and Name (If any) of place where the activity was held Vinology |
| 04/18/10 | 30 | Meet and Greet | 110 South Main Ann Arbor, MI 4810 Private Residence |
| 7. Total Contributions | 1,430.00 | | |
| 3. Other Receipts | | | |
| 9. Gross Receipts (Add lines 7 | and 8) | <u> </u> | |
| 10. Total Cost of Event Total Cost includes In-Kind Col | 243.94 ntributions and All Expenditures | Made For the Event) | |
| 11. Check if event was a join | int fund raiser and complete the | following: | |
| Co-Sponsor(s) | Contribution S (%) | plit | Expenditure Split (%) |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| period covered by the C | ed to file a separate Fund Raise ampaign Statement. es listed on a Fund Raiser Sch | | |

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.



Page 2 of 2

FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

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

2. Committee Name Committee to elect Sumangala Kailasapatl

| | - USE A SEPARATE SH | EET FOR EACH EVENT | - |
|--|---|----------------------------------|--|
| Date Event Was Held | Number of Individuals Attending or Participating (whichever is greater) | 5. Type of Fund Raising Activity | 6. Address and Name (If any) o place where the activity was he Earhart Village |
| 5/23/10 | 40 | Meet and Greet | Clubhouse 835 Greenhills Dr |
| | 10 | wicet and dicet | Private Residence ANN |
| otal Contributions | 970.00 | | |
| Other Receipts | | | |
| Bross Receipts (Add lines 7 a | and 8) | | |
| Total Cost of Event al Cost includes In-Kind Co | 78.89 ntributions and All Expenditures | s Made For the Event) | |
| Check if event was a join | int fund raiser and complete the | e following: | |
| | | | |
| Co-Sponsor(s) | Contribution S (%) | Split | Expenditure Split (%) |
| Co-Sponsor(s) | | Split | |
| Co-Sponsor(s) | | Split | • |

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