



**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: 7/18/10 to 8/23/10

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 Ct
Ann Arbor, MI 48105**

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.
An 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)

Area Code and Phone _____

FILED
2010 AUG 25 P 3:52
COUNTY MI

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 Signature *Alpa Parikh* Date 8/25/10

Candidate Sumangala Kailasapathy Signature *S. Kailasapathy* Date 8/25/10



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>200.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>200.00</u>	(18.) \$ <u>3050.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>200.00</u>	(20.) \$ <u>3050.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ _____	(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.) \$ <u>980.44</u>	
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.) \$ <u>980.44</u>	(23.) \$ <u>2841.98</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (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 (Enter zero if no previous reports have been filed.)	(13.) \$ <u>988.46</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>200.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>1188.46</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>980.44</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>208.02</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

2. Committee Name Committee to elect Sumangala Kailas

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 7/19/10

Name & Address:
Samuel Gregg
3129 FawnMeadow Court
Ann Arbor, MI 48105

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

\$ 50.00 \$ 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 7/27/10

Name & Address:
Scott Newell
255 Sunset Rd.
Ann Arbor, MI 48103

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

\$ 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 8/01/10

Name & Address:
Braxton Blake
1508 Longshore Drive
Ann Arbor, MI 48105

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

\$ 50.00 \$ 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 _____

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 **\$200.00**

Grand Total of All Schedules 1A **\$200.00**
(Complete on last page of Schedule)

Enter this total on line 3a 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 <u>Print-Tech, Inc.</u> Address <u>6800 Jackson Road</u> <u>Ann Arbor, MI 48103</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign Flyers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/23/10</u> Date	<u>\$ 567.44</u> Click Here for Memo Itemization Type
Expenditure #2 Name <u>Cafe Zola</u> Address <u>112 W. Washington</u> <u>Ann Arbor, MI 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Food Expense</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/03/10</u> Date	<u>\$ 63.00</u> Click Here for Memo Itemization Type
Expenditure #3 Name <u>Thomas Zeimet</u> Address <u>3213 Pinebluff Ct.</u> <u>Ann Arbor, MI 48105</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Sign pickup, expenses</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/10/10</u> Date	<u>\$ 150.00</u> Click Here for Memo Itemization Type
Expenditure #4 Name <u>Anoush Designs, LLC</u> Address <u>204 E Davis Avenue</u> <u>Ann Arbor, MI 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Website Design</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/10/10</u> Date	<u>\$ 200.00</u> Click Here for Memo Itemization Type
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	\$ _____ Click Here for Memo Itemization Type

Subtotal this page **\$980.44**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$980.44**

Enter this total on line 8a of Summary Page