



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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: <u>07/23/12</u> to <u>08/27/12</u>		
4. Candidate Last Name	First Name	M.I.
KAILASAPATHY	SUMANGALA	
4a. Office Sought Including District # or Community Served (If applicable)		
ANN ARBOR CITY COUNCIL MEMBER WARD 1		
4b. County of Residence WASHTENAW		
6. Treasurer's Name & Residential Address		
ALPA PARIKH 3225 ROCKCRESS CT ANN ARBOR, MI 48103		
Area Code & 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		

1. Committee I.D. Number
C-2010-012
2. Committee Name
Committee to elect Sumangala Kailasapathy
5. Committee's Mailing Address
2530 MALLARD COURT 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.
7. Treasurer's Business Address
3225 ROCKCRESS CT ANN ARBOR, MI 48103
Area Code and Phone (734) 663-1507

9. TYPE OF STATEMENT	
9a. <input type="checkbox"/> Pre-Election	OR
9b. <input checked="" type="checkbox"/> Post-Election	
Pre-Election or Post-Election Statement relates to:	
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Convention	<input type="checkbox"/> School
<input type="checkbox"/> Special	<input type="checkbox"/> Caucus
Date of Election, Convention or Caucus	
<u>08/07/12</u>	
9c. <input type="checkbox"/> Annual Statement (_____ Coverage Year)	
9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)	
9e. <input type="checkbox"/> 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	<u>ALPA PARIKH</u>	<u>[Signature]</u>	Date <u>9/5/12</u>
	Type or Print Name	Signature	
Candidate	<u>SUMANGALA KAILASAPATHY</u>	<u>[Signature]</u>	Date <u>9/5/12</u>
	Type or Print Name	Signature	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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>1,350.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$1,350.00</u>	(18.) \$ <u>\$5,570.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u></u>	(19.) \$ <u></u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\$1,350.00</u>	(20.) \$ <u>\$5,570.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u></u>	(21.) \$ <u>\$0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u></u>	(22.) \$ <u>\$0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$2,893.67</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u></u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u></u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$2,893.67</u>	(23.) \$ <u>\$5,146.02</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u></u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u></u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>\$0.00</u>	(24.) \$ <u>\$0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u></u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u></u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$2,175.67</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$1,350.00</u>	
	(15.) = \$ <u>\$3,525.67</u>	
15. SUBTOTAL Add lines 13 and 14		
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$2,893.67</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$632.00</u>	*



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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>07/23/12</u> Name & Address: ELKORT SHARI 2648 LOWELL RD ANN ARBOR, MI 48103		\$ <u>50.00</u>	\$ <u>50.00</u>
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		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/28/12</u> Name & Address: HARRIS SUSAN R 1722 CHANDLER RD ANN ARBOR, MI 48105-1612		\$ <u>50.00</u>	\$ <u>50.00</u>
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		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/29/12</u> Name & Address: BILAKOS PETER 203 E. ANN ST. ANN ARBOR, MI 48104		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>SELF</u> Business Address <u>203 E. ANN ST, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/30/12</u> Name & Address: BULLINGTON LUANNE 1801 S. BLVD ANN ARBOR, MI 48104		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$450.00

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 <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>07/30/12</u> Name & Address: ZARNOWITZ STEVEN 300 SOUTH THAYER ST ANN ARBOR, MI 48104		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>DAHLMANN PROPERTIES</u> Business Address <u>300 SOUTH THAYER ST, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/30/12</u> Name & Address: DAHLMANN ANDY S. 300 SOUTH THAYER ST ANN ARBOR, MI 48104		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE MANAGEMENT</u> Employer <u>DAHLMANN PROPERTIES</u> Business Address <u>300 SOUTH THAYER ST, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/30/12</u> Name & Address: DAHLMANN BEN 1552 NEWPORT CREEK DR. ANN ARBOR, MI 48103		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE MANAGEMENT</u> Employer <u>DAHLMANN PROPERTIES</u> Business Address <u>300 SOUTH THAYER ST, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/01/12</u> Name & Address: WILLIAMS WARREN 2708 LOWELL RD 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 checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$800.00**

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 <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>08/07/12</u> Name & Address: BRINKMAN MICHAEL 1038 BARTON DR ANN ARBOR, MI 48105-1234		\$ <u>100.00</u>	\$ <u>100.00</u>
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		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address _____		\$ _____	\$ _____
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		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address _____		\$ _____	\$ _____
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		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address _____		\$ _____	\$ _____
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		Click Here for Memo Itemization	

Page Subtotal

\$100.00

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

\$1,350.00

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 PRINT-TECH INC. Address 6800 JACKSON ROAD ANN ARBOR, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: FLYERS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/24/12</u> Date	<u>\$ 385.00</u>
Expenditure #2 Name KAREN SIDNEY Address 100 LONGMAN ANN ARBOR, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: REIMBURSEMENT FOR POSTCARDS & LABELS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/24/12</u> Date	<u>\$ 241.99</u>
Expenditure #3 Name KATHY GRISWOLD Address 3565 FOX HUNT DR ANN ARBOR, MI 48105 <input type="checkbox"/> Fund Raiser	Purpose: REIMBURSEMENT FOR T-SHIRTS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/26/12</u> Date	<u>\$ 50.88</u>
Expenditure #4 Name PRINT-TECH INC. Address 6800 JACKSON ROAD ANN ARBOR, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: POSTCARDS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/26/12</u> Date	<u>\$ 401.80</u>
Expenditure #5 Name POSTMASTER Address LIBERTY STATION ANN ARBOR, MI 48104 <input type="checkbox"/> Fund Raiser	Purpose: STAMPS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/27/12</u> Date	<u>\$ 315.00</u>

Subtotal this page **\$1,394.67**

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 MICHIGAN CHINESE AMERICAN NEWS Address 4979 S RIDGESIDE CIRCLE ANN ARBOR, MI 48105-9447 <input type="checkbox"/> Fund Raiser	Purpose: <u>ADVERTISEMENTS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/28/12</u> Date	<u>\$ 130.00</u>
Expenditure #2 Name ANN ARBOR.COM Address 301 E. LIBERTY ST, SUITE 700 ANN ARBOR, MI 48104 <input type="checkbox"/> Fund Raiser	Purpose: <u>ADVERTISEMENT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/30/12</u> Date	<u>\$ 673.40</u>
Expenditure #3 Name PETER ZETLIN Address 803 DUNCAN STREET ANN ARBOR, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>FLYERS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/01/12</u> Date	<u>\$ 255.52</u>
Expenditure #4 Name PRINT-TECH INC. Address 6800 JACKSON ROAD ANN ARBOR, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>FLYERS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/02/12</u> Date	<u>\$ 83.08</u>
Expenditure #5 Name KATHY GRISWOLD Address 3565 FOX HUNT DR ANN ARBOR, MI 48105 <input type="checkbox"/> Fund Raiser	Purpose: <u>REIMBURSEMENT FOR FOOD EXPENSES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/08/12</u> Date	<u>\$ 357.00</u>

Subtotal this page **\$1,499.00**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$2,893.67**

Enter this total
on line 8a of
Summary Page