



**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 07/21/14 to 08/25/14

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

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 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.

7. Treasurer's Business Address  
3225 ROCKCRESS CT  
ANN ARBOR, MI 48103  
Area Code and Phone (734) 663-1507

9. TYPE OF STATEMENT  
9a.  Pre-Election OR 9b.  Post-Election  
Pre-Election or Post-Election Statement relates to:  
 Primary  
 General  
 Convention  
 Special  
 School  
 Caucus  
Date of Election, Convention or Caucus  
08/05/14

Required ONLY if candidate is not on the ballot for the current year:  
 July Quarterly  
 October Quarterly  
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  
 By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.  
Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.  
Effective date of dissolution \_\_\_\_\_  
Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

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 Type or Print Name Alpa Parikh Signature Alpa Parikh Date 9/3/14  
Candidate SUMANGALA KAILASAPATHY Type or Print Name S. Kailasapathy Signature S. Kailasapathy Date 9/3/14

FILED  
WASHTENAW COUNTY, MI  
2014 SEP - 3 P 12: 21  
LAWRENCE KESTENBAUM  
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
<b>3. Contributions</b>		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>731.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>731.00</u>	(18.) \$ <u>6,076.00</u>
<b>4. Other Receipts (Schedule 1A -1, Column 6)</b>	(4.) \$ <u>                    </u>	(19.) \$ <u>0.00</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>731.00</u>	(20.) \$ <u>6,076.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
<b>6. In-Kind Contributions (Schedule 1-IK, Column 7)</b>	(6.) \$ <u>                    </u>	(21.) \$ <u>0.00</u>
<b>7. In-Kind Expenditures (Schedule 1B-IK, Column 6)</b>	(7.) \$ <u>                    </u>	(22.) \$ <u>0.00</u>
<b>EXPENDITURES</b>		
<b>8. Expenditures</b>		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>3,502.96</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>	
<b>9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)</b>	(9.) \$ <u>3,502.96</u>	(23.) \$ <u>5,927.79</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
<b>10. Disbursements</b>		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>                    </u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>                    </u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
<b>DEBTS AND OBLIGATIONS</b>		
<b>12. Debts and Obligations</b>		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>                    </u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>                    </u>	
<b>BALANCE STATEMENT</b>		
<b>13. Ending Balance of last report filed</b> (Enter zero if no previous reports have been filed.)	(13.) \$ <u>3,552.17</u>	
<b>14. Amount received during reporting period</b> (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>731.00</u>	
<b>15. SUBTOTAL Add lines 13 and 14</b>	(15.) = \$ <u>4,283.17</u>	
<b>16. Amount expended during reporting period</b> (Add lines 9 and 11)	(16.) - \$ <u>3,502.96</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>780.21</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>07/27/14.</u> Name & Address: <b>EATON, JOHN E.</b> 1606 DICKEN DRIVE ANN ARBOR, MI 48103  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 checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>250.00</u>
<a href="#">Click Here for Memo Itemization</a>		
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/28/14</u> Name & Address: <b>BAUERLE, ELLEN ANN</b> 2377 TIMBERCREST CT. ANN ARBOR, MI 48105  5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE EDITOR, U-M PRESS</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>839 GREENE 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	\$ <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>07/29/14</u> Name & Address: <b>THOMPSON, GLENN D.</b> 100 LONGMAN LN. ANN ARBOR, MI 48103  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>07/29/14</u> Name & Address: <b>ARMSTRONG, DAVID W.</b> 162 GARDEN CT WHITMORE LAKE, MI 48189-9490  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 **\$600.00**

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>07/30/14</u> Name & Address: <b>MAHALINGAM, RAM</b> 3155 DOLPH DR. ANN ARBOR, MI 48103  5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>500 S STATE ST., ANN ARBOR MI 48109</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>101.00</u>	\$ <u>101.00</u>  <a href="#">Click Here for Memo Itemization</a>
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/31/14</u> Name & Address: <b>WILSON, DEBORAH</b> 1725 DAVID CT ANN ARBOR, MI 48105  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>30.00</u>	\$ <u>30.00</u>  <a href="#">Click Here for Memo Itemization</a>
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	\$ _____	\$ _____  <a href="#">Click Here for Memo Itemization</a>
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	\$ _____	\$ _____  <a href="#">Click Here for Memo Itemization</a>

Page Subtotal **\$131.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule) **\$731.00**

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 <b>FIRST IMPRESSION PRINTING</b>  Address <b>4109 JACKSON ROAD ANN ARBOR, MI 48103</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>POSTCARDS</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/24/14</u> Date	<u>\$ 505.09</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #2 Name <b>ANN ARBOR OBSERVER</b>  Address <b>2390 WINEWOOD AVENUE ANN ARBOR, MI 48103</b>  <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>07/24/14</u> Date	<u>\$ 2,255.40</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #3 Name <b>UNIT PACKAGING</b>  Address <b>119 ENTERPRISE DR ANN ARBOR, MI 48103</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>POSTAGE AND MAILING</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/25/14</u> Date	<u>\$ 742.47</u>  <a href="#">Click Here for Memo Itemization Type</a>
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	\$ _____  <a href="#">Click Here for Memo Itemization Type</a>
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	\$ _____  <a href="#">Click Here for Memo Itemization Type</a>

Subtotal this page **\$3,502.96**  
Grand Total of all Schedules 1B (Complete on last page of Schedule) **\$3,502.96**

Enter this total on line 8a of Summary Page