



**CANDIDATE COMMITTEE
COVER PAGE**

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

2016 AUG 30 P 2-02

3. This Statement covers From: 07/18/16 to 08/22/16

4. Candidate Last Name LAWRENCE First Name BAUM M.I. _____
KAILASAPATHY COUNTY 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
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
08/02/16

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 lates 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 Signature [Signature] Date 8/30/16

Candidate SUMANGALA KAILASAPATHY Signature [Signature] Date 8/30/16



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>350.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$350.00</u>	(18.) \$ <u>\$350.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>\$0.00</u>	(19.) \$ <u>\$0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\$350.00</u>	(20.) \$ <u>\$350.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$0.00</u>	(21.) \$ <u>\$0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$4,184.72</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>\$4,184.72</u>	(23.) \$ <u>\$4,184.72</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>\$0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$4,685.37</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$350.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$5,035.37</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$4,184.72</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$850.65</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>07/18/16</u> Name & Address: FANSLow DAVID L. 1428 PONTIAC TRAIL 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>50.00</u>	\$ <u>50.00</u>
Click Here for Memo Itemization		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/19/16</u> Name & Address: QUINN WILLIAM J. 3001 BARCLAY WAY ANN ARBOR, MI 48105-9464 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	\$ <u>100.00</u>	\$ <u>200.00</u>
Click Here for Memo Itemization		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/19/16</u> Name & Address: HOLSINGER KAY 2300 KENT ST. ANN ARBOR, MI 48103 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	\$ <u>150.00</u>	\$ <u>300.00</u>
Click Here for Memo Itemization		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/30/16</u> Name & Address: BANET BARBARA 838 HEATHER WAY ANN ARBOR, MI 48104 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>50.00</u>	\$ <u>50.00</u>
Click Here for Memo Itemization		

Page Subtotal **\$350.00**

Grand Total of All Schedules 1A **\$350.00**
(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 ANN ARBOR OBSERVER Address 2390 WINEWOOD ANN ARBOR, MI 48103 <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>07/18/16</u> Date	<u>\$ 2339.10</u> Click Here for Memo Itemization Type
Expenditure #2 Name UNIT PACKAGING Address 119 ENTERPRISE DR. ANN ARBOR, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>POSTCARD MAILING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/19/16</u> Date	<u>\$ 680.32</u> Click Here for Memo Itemization Type
Expenditure #3 Name CITY PRINTING COMPANY INC. Address 411 W CROSS ST. YPSILANTI, MI 48197 <input type="checkbox"/> Fund Raiser	Purpose: <u>ELECTION CARDS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/19/16</u> Date	<u>\$ 598.90</u> Click Here for Memo Itemization Type
Expenditure #4 Name POSTMASTER Address 200 E. LIBERTY ST. ANN ARBOR, MI 48104 <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>07/22/16</u> Date	<u>\$ 141.00</u> Click Here for Memo Itemization Type
Expenditure #5 Name POSTMASTER Address 200 E. LIBERTY ST. ANN ARBOR, MI 48104 <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>07/26/16</u> Date	<u>\$ 94.00</u> Click Here for Memo Itemization Type

Subtotal this page **\$3,853.32**

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 KAILASAPATHY SUMANGALA Address 2530 MALLARD CT ANN ARBOR, MI 48105 <input type="checkbox"/> Fund Raiser	Purpose: <u>REIMBURSEMENT FOR WEB HOSTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/09/16</u> Date	<u>\$ 82.36</u>
Expenditure #2 Name BIZZELL DAWN Address 1614 LONGSHORE DR ANN ARBOR, MI 48105 <input type="checkbox"/> Fund Raiser	Purpose: <u>Reimbursement for mileage/gas/supplies</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/09/16</u> Date	<u>\$ 249.04</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 **\$331.40**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$4,184.72**

Enter this total
on line 8a of
Summary Page

