

CANDIDATE COMMITTEE COVER PAGE be legible, typed or printed in ink and signer (or designated record keeper) and candid

FOR OFFICIAL USE ONLY

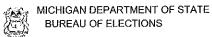
Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and c	i signed by andidate.	3. This Statement covers Fron	^{n:} 08/26/14	to 07/17/16	
1. Committee I.D. Number		4. Candidate Last Name		rirst Name	M.l.
C-2010-012		KAILASAPATHY	SUM	ANGALA	
		4a. Office Sought Including Dis			
2. Committee Name		ANN ARBOR CITY CO	UNCIL MEM	BER WARD 1	
COMMITTEE TO ELECT SUMANGALA KAILASAF	PATHY	4b. County of Residence WA	SHTENAW		
5. Committee's Mailing Address 2530 MALLARD CT ANN ARBOR, MI 48105		6. Treasurer's Name & Reside ALPA PARIKH 3225 ROCKCRESS ANN ARBOR, MI 48	СТ		
Area Code and Phone (734) 769-5698 If the address in this box is different from the commailing address on the Statement of Organization, be sent to this address by the filing official.		Area Code & Phone (734) 6		County	WASHTEN
7. Treasurer's Business Address 3225 ROCKCRESS CT ANN ARBOR, MI 48103		Designated Record keeper Designated Record keeper)	's Name and Mail	ing Address (If the committee of the com	Hee has a COUNTY, MI
Area Code and Phone (734) 663-1507		Area Code and Phone		·	
9, TYPE OF STATEMENT	1	,	9e. Dissolutio	n of Candidate Committe	ee
9a. X Pre-Election OR 9b. Post-Election Pre-Election or Post-Election Statement relates to:			by the committe by discharged a the committee.	g this item I/We certify any se to the candidate or his o and forgiven, and no longer The committee has no ou- ses or has any oustanding	or her spouse is here er collectible from istanding assets,
X Primary	October C	Prostoriu		,	
General Convention	October C	Quarterry	Further, if the disconsidered a red	ssolution cannot be grante quest for the Reporting Wa	ed, that this be aiver.
Special School	9c. Annua	al Statement () Coverage Year	Effect	ive date of dissolution	
Caucus	(Com	ndment to Campaign Statement plete Item 9a, 9b, 9c or 9e to ste which Statement is being ded.)		esition of residual funds mund the Summary Page.	ust be reported on
Date of Election, Convention or Caucus					
08/02/16	The state of the s				
10. Verification: I\We certify that all reasonable dilig	I ence was used	in the preparation of this statem	I ent and attached	schedules (if any) and to t	the best of
my\our knowledge and belief the contents are true,	accurate and co	omplete,			1
Designated Record keeper ALFA FANIN	.П	1 Mistanti	= 7		Д6
Type or Print Name SUMANGALA KAILASAP	ATHV	Signature	1	t -1.	20/10
Candidate		1 St. Kaula	sopall	Date	20/16
Type or Print Name		Signature	<i>I</i> ,	<i></i>	•

1. Committee I.D. Number <u>C-2010</u>-012

SUMMARY PAGE

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.) \$ 5,485.00	-
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ \$5,485.00	(18.) \$ \$5,485.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$ \$0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$5,485.00	(20.) \$ \$5,485.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$225.00	(21.) \$ \$225.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.)\$ \$0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ \$1,579.84	-
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.) \$ \$1,579.84	(23.) \$ \$1,579.84
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.) \$ \$0.00	(24.) \$ \$0.00
DEBTS AND OBLIGATIONS 12. Debts and Obligations	• •	
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b, Owed to the Committee (Schedule 1E)	(40h) ¢	
	(12b.) \$ BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ \$780.21	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ \$5,485.00	
(Line 5, Total Contributions & Other Receipts)	(15.) = \$ \$6,265.21	
15, SUBTOTAL Add lines 13 and 14 16, Amount expended during reporting period	(15.) = \$ / / / / / / / / / / / / / / / / / /	
(Add lines 9 and 11) 17. ENDING BALANCE	(16.) - \$ \$1,579.84	
	(17.) \$ \$4,685.37	



SCHEDULE 1A

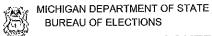
1. Committee I.D. Number

C-2010-012

CANDIDATE COMMITTEE

2. Committee Name

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Enter contributor's name and addre middle initial. Check box to indicat Committee (PAC) Report <u>all</u> contril	e if contribution is from a	Political Comr	, enter last name, first name, nittee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Ri Name & Address: SEETOO AMY D. 3111 CEDARBROOK R ANN ARBOR 48105-34	.D.	l. Date of Rec	eipt <u>04/13/16</u>	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, ple	ase provide:			Click Here fo	or Memo Itemization
Occupation	Employer			Ollok Horo k	or Mottle Remization se
Business Address					
Type of Contribution: V Direct	Loan from a	person	Fund Raiser		
Contribution #2 PAC Re Name & Address	ceipt? YES 4	. Date of Rec	eipt 04/15/16	*:	
RABHI PEGGY D. 1991 UPLAND DR ANN ARBOR, MI 48105	5			_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, ple	ase provide:			Click Here fo	r Memo Itemization
Occupation	Employer		•		
Business Address					
Type of Contribution: V Direct	Loan from a	person	Fund Raiser		
3. Contribution # 3 PAC Re Name & Address: NAGOURNEY PETER LINCOLN AVENUE ANN ARBOR, MI 48104 5. If over \$100.00 cumulative, ple	 -	4. Date of Red	eipt 04/15/16	\$ 100.00 Click Here for	\$ 100.00 Memo Itemization
	Employer				
Occupation Business Address	Employou				
Type of Contribution: Direct	Loan from a	person	Fund Raiser		
Contribution # 4 PAC Re Name & Address		4. Date of Re	ceipt 04/15/16		
SCHRIBER ANN SNEE 2116 DORSET RD. ANN ARBOR, MI 48104				_{\$} 100.00	_{\$_} 100.00
5. If over \$100.00 cumulative, ple	ase provide:			Click Here for	Memo Itemization
Occupation	Employer				
Business Address					
Type of Contribution: V Direct	Loan from a	person	Fund Raiser		
			Page Subtotal	\$300.00	_
1 10			Grand Total of All Schedules 1A nplete on last page of Schedule)	Enter this total on line 3a of Summary	
Page $\frac{1}{1}$ of $\frac{12}{1}$				Page.	



SCHEDULE 1A

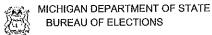
1. Committee I.D. Number

C-2010-012

CANDIDATE COMMITTEE

2. Committee Name

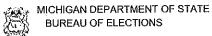
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 04/16/16 Name & Address: SHAFFRAN EDWARD A. 209 S. FOURTH AVENUE, 1C	_{\$} 95.00	_{\$} 95.00
ANN ARBOR, MI 48104	\$	•
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer	•	
Business Address		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/17/16 Name & Address		
YORK CYNTHIA M. 710 NORTHSIDE AVE. ANN ARBOR, MI 48105-1135	\$ <u>100.00</u>	§ 100.00
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 04/17/16		
MITCHELL RITA L. 621 5TH ST ANN ARBOR, MI 48103	\$ 150.00 Click Here for	\$ 150.00 Memo Itemization ▼
5. If over \$100.00 cumulative, please provide:		<u></u>
Occupation RETIRED Employer		
Business Address		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 04/17/16 Name & Address ECKSTEIN PETER C. 2551 LONDONDERRY RD ANN ARBOR, MI 48104-4017	_{\$} 105.00	_{\$} 105.00
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation RETIRED Employer	Official for the	<u> </u>
Business Address		
Type of Contribution:		
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.	



CANDIDATE COMMITTEE

2. Committee Name

O / 111 = 1 = 1				
Enter contributor's name and address. If c middle initial. Check box to indicate if cont Committee (PAC) Report <u>all</u> contributions in	ribution is from a Political Commi	enter last name, first name, ittee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? Name & Address: POTTS ETHEL K. 1014 ELDER BLVD. ANN ARBOR, MI 48103	YES 4. Date of Recei	pt <u>04/18/16</u>	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please pro	vide:		Click Here fo	r Memo Itemization
Occupation	_ Employer			
Business Address		7		
Type of Contribution: V Direct	Loan from a person	Fund Raiser		
3. Contribution #2 PAC Receipt? Name & Address	YES 4. Date of Recei	pt <u>04/21/16</u>		
STROWE LAURA 1327 BROADWAY ST. ANN ARBOR, MI 48105			_{\$} 25.00	<u>\$25.00</u>
5. If over \$100.00 cumulative, please pro	vide:		Click Here fo	r Memo Itemization
Occupation	_ Employer			
Business Address				
Type of Contribution:	Loan from a person	Fund Raiser		
3. Contribution #3 PAC Receipt? Name & Address: BORIS KATHERYN A. P.O. BOX 8117 ANN ARBOR, MI 48107-811	_	04/21/16	\$75.00	\$75.00 Memo Itemization
5. If over \$100,00 cumulative, please pro	vide:		Olick Fictoria	Works Roman
Occupation	Employer			
Business Address Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution # 4 PAC Receipt? Name & Address	YES 4. Date of Rec	eipt <u>04/21/16</u>		
WILLIAMS MARIAN L. 1836 SAXON ANN ARBOR, MI 48103			_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please pro	ovide:		Click Here for	Memo Itemization
Occupation	Employer			gatara (
Business Address				
Type of Contribution: V Direct	Loan from a person	Fund Raiser		
		Page Subtotal	\$200.00	
Page 3 of 12		rand Total of All Schedules 1A plete on last page of Schedule)	Enter this total on line 3a of Summary Page.	
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SCHEDULE 1A

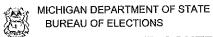
1. Committee I.D. Number

C-2010-012

CANDIDATE COMMITTEE

2. Committee Name

Enter contributor's name and address. If on middle initial. Check box to indicate if con Committee (PAC) Report all contributions	contribution is from an individual, enter last name, first name, tribution is from a Political Committee or an Independent regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? Name & Address: RALPH ALICE J. 1607 E. STADIUM BLVD. ANN ARBOR, MI 48104	YES 4. Date of Receipt 04/24/16	_{\$} 40.00	_{\$} 40.00
5. If over \$100.00 cumulative, please pro	ovide:	Click Here for	Memo Itemization
Occupation	Employer	•	- Estádos de la Companya de la Comp
Business Address			
Type of Contribution: V Direct	Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? Name & Address	YES 4. Date of Receipt 04/24/16		
HATHAWAY MARY A.		100.00	100.00
1407 WAKEFIELD AVE.		\$ 100.00	_{\$} 100.00
ANN ARBOR, MI 48103-463	U		
5. If over \$100.00 cumulative, please pro		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 04/25/16		
Name & Address: QUINN WILLIAM J.	-		
3001 BARCLAY WAY		_{\$} 100.00	_{\$} 100.00
ANN ARBOR, MI 48105-946	4		
5. If over \$100.00 cumulative, please pro	ovide:	Click Here for	Memo Itemization
Occupation	Employer		
Business Address			
Type of Contribution: Direct	Loan from a person Fund Raiser		
Contribution # 4 PAC Receipt? Name & Address	YES 4. Date of Receipt 04/27/16		
BANNISTER ANNE L.		75.00	75.00
612 N. MAIN STREET ANN ARBOR, MI 48104		_{\$} 75.00	_{\$} 75.00
5. If over \$100.00 cumulative, please pr	ovide:	Click Here for	Memo Itemization
Occupation	Employer		2000
Business Address			
Type of Contribution: V Direct	Loan from a person Fund Raiser		
	Page Subtotal	\$315.00	
	Grand Total of All Schedules 1A		
	(Complete on last page of Schedule) ^L	Enter this total on	J
Page 4 of 12.		line 3a of Summary Page.	



SCHEDULE 1A

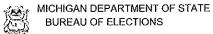
1. Committee I.D. Number

C-2010-012

CANDIDATE COMMITTEE

2. Committee Name

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.	6, Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 04/27/16 Name & Address: ANNIS THEODORE C. 414 SOUTH MAIN ST, # 808 ANN ARBOR, MI 48104	_{\$} 250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation RETIRED Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/28/16		
Name & Address HOLSINGER KAY 2300 KENT ST. ANN ARBOR, MI 48103	_{\$} 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer	Click Here for	Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Ralser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 04/28/16 Name & Address: MICHENER ANNA JANE 2115 DEVONSHIRE RD. ANN ARBOR, MI 48104-4059	\$50.00	\$50.00
5. If over \$100.00 cumulative, please provide:		(495.55±5,
Occupation Employer		
Business Address Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 04/30/16 Name & Address ARMENTROUT VIVIENNE N.		
920 VESPER RD. ANN ARBOR, MI 48103	_{\$} 100.00	_{\$_} 100.00
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		Hood
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		y
Page Subtotal	\$550.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 5 of 12	Enter this total on line 3a of Summary Page.	



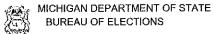
SCHEDULE 1A

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

CANDIDATE COMMITTEE

2. Committee Name Committee To Elect Sumangala Kailasapathy

5,415,5712 551		
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.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 05/01/16 Name & Address: EDWARDS ANN 6857 ALDEN DRIVE WEST BLOOMFIELD, MI 48324	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:	Cliak Hara fo	r Memo Itemization
Occupation Employer	Click Here to	i Memo Remization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/01/16 Name & Address	-	
KAPLAN NANCY 3065 HUNTING VALLEY DR. ANN ARBOR, MI 48104-2842	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
Business Address	•	
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 05/01/16 Name & Address: LUMM JANE B. 3075 OVERRIDGE DR. ANN ARBOR, MI 48104	\$200.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation CITY COUNCIL MEMBER Employer CITY OF ANN ARBOR		,
Business Address 301 E. HURON ST, ANN ARBOR, MI 48107		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/02/16 Name & Address	_	
PERRY SUSAN A. 1708 FAIR STREET ANN ARBOR, MI 48103-4150	_{\$} 300.00	_{\$} 300.00
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation REAL ESTATE BROKER Employer SUE PERRY REAL ESTATE	Office Fore for	Womo tomization
Business Address 1708 FAIR ST, ANN ARBOR, MI 48103-4150		
Type of Contribution: V Direct Loan from a person Fund Raiser		
Page Subtot	al \$700.00	
Grand Total of All Schedules 1/ (Complete on last page of Schedul	e)	
Page 6 of 12	Enter this total on line 3a of Summary Page.	



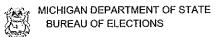
1. Committee I.D. Number

C-2010-012

CANDIDATE COMMITTEE

2. Committee Name

O, MODINITION TO THE TOTAL TOT		
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.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/02/16 Name & Address: GLORIE CATHERINE 827 BROOKS ST. ANN ARBOR, MI 48103	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer	Chick Field to	Westio Rottileadori
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/03/16		
Name & Address WHITE DOUGLAS K. 330 S. SEVENTH ST. ANN ARBOR, MI 48103-4339	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution:		,
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/03/16 Name & Address: DETTER RAYMOND A. 120 N. DIVISION, APT.1 ANN ARBOR, MI 48104 5. If over \$100.00 cumulative, please provide:	\$50.00 Click Here for	§ 50.00 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 05/03/16		
HOLLAND MAURITA PETERSON 2701 LOWELL RD. ANN ARBOR, MI 48103-2249	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer	Chok Horo tot	<u> </u>
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		·
Page Subtotal	\$275.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	
Page 7 of 12	Page.	



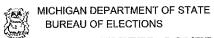
1, Committee I.D. Number

C-2010-012

CANDIDATE COMMITTEE

2. Committee Name

0,4,15,15,1,12			
Enter contributor's name and address. If c middle initial. Check box to indicate if cont Committee (PAC) Report all contributions	contribution is from an individual, enter last name, first name, tribution is from a Political Committee or an Independent regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? Name & Address: EATON JOHN E. 1606 DICKEN DRIVE ANN ARBOR, MI 48103	YES 4. Date of Receipt 05/03/16	_{\$} 200.00	_{\$} 200.00
5. If over \$100.00 cumulative, please pro Occupation ATTORNEY	MADIZ LI COLLOENIO	Click Here fo	r Memo Itemization
Business Address 26261 EVERGREE	EN RD, SUITE 110, SOUTHFIELD, MI 48076		
Type of Contribution: Direct	Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? Name & Address	YES 4. Date of Receipt <u>05/03/16</u>		
HUGONOT-HABER ODILE 531 THIRD STREET ANN ARBOR, MI 48103-495	6	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please pro		Click Here for	Memo Itemization
Occupation	Employer		
Business Address			
Type of Contribution: Direct	Loan from a person 🔽 Fund Raiser	——	
Name & Address: LIPSON ERIC B. 1318 ROSEWOOD ST. ANN ARBOR, MI 48104-822 5. If over \$100.00 cumulative, please pro		\$ 100.00 Click Here for	§ 100.00 Memo Itemization ☑
Occupation	Employer		
Business Address	Loan from a person Fund Raiser		
Contribution # 4 PAC Receipt? Name & Address	YES 4. Date of Receipt 05/03/16		
LEWIS CHARLES D. 330 S. SEVENTH ST. ANN ARBOR, MI 48103		_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please pro	ovide:	Click Here for	Memo Itemization
Occupation	Employer		<u>emanti</u>
Business Address			
Type of Contribution: V Direct	Loan from a person Fund Raiser		Para de la companya d
	Page Subtotal	\$375.00	
	Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	
Page 8 of 12		line 3a of Summary Page.	



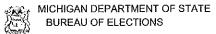
1. Committee I.D. Number

C-2010-012

CANDIDATE COMMITTEE

2. Committee Name

O, MIDIDATIE G				
Enter contributor's name and address. If comiddle initial. Check box to indicate if contributions of Committee (PAC) Report all contributions of	ibution is from a Political Corr	ıl, enter last name, first r mittee or an Independer	ame, 6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? Name & Address: CARUSO VINCENT P. 556 GLENDALE CIR. ANN ARBOR, MI 48103-4177		Delipt 05/03/16	_{\$} 75.00	_{\$} 75.00
5. If over \$100.00 cumulative, please pro	vide:		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 Red	ceipt 05/03/16		
Name & Address KLINGSTEN JANE UEDA 3347 ELSINORE CT ANN ARBOR, MI 48105-9452	2		_{\$} 150.00	
5. If over \$100.00 cumulative, please production NONE	vide: Employer_NOT EMPLO	OYED	Click Here	for Memo Itemization
Business Address			<u> </u>	,
Type of Contribution: Direct	Loan from a person	✓ Fund Raiser		
3. Contribution # 3 PAC Receipt? Name & Address: POWELL VALERIE J. 2940 LAKEHURST CT. ANN ARBOR, MI 48105 5. If over \$100.00 cumulative, please pro	vide:	05/06/16	\$20.00 Click Here f	\$20.00 or Memo Itemization
OccupationBusiness Address	Employer			
Type of Contribution: Direct	Loan from a person	Fund Raiser	·	
3. Contribution # 4 PAC Receipt? Name & Address JENSEN SHEILA	YES 4, Date of R	eceipt <u>05/07/16</u>	100.00	10000
2950 LAKEHURST CT ANN ARBOR, MI 48105-1282			_{\$} 100.00	100.00
5. If over \$100.00 cumulative, please pro			Click Here f	or Memo Itemization
Occupation	Employer			Louveneug.
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
		Page	Subtotal \$345.00	
9 12	(Co	Grand Total of All Scheomplete on last page of S	chedule) Enter this total or line 3a of Summa	
Page 9 of 12			Page.	



1, Committee I.D. Number

C-2010-012

Page.

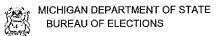
CANDIDATE COMMITTEE

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 all 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 05/07/16 Name & Address: BJORN LARS 712 E. ANN STREET ANN ARBOR, MI 48104	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer	Ollok Here ic	I World Remizedon
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/10/16 Name & Address		
STEPHEN KUNSELMAN FOR COUNCIL 2885 BUTTERNUT ST. ANN ARBOR, MI 48108	_{\$} 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		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 05/10/16 Name & Address: CARMAN WENDY J. 2340 GEORGETOWN BLVD. ANN ARBOR, MI 48105-2946	\$ 150.00	\$150.00 Memo Itemization
5. If over \$100.00 cumulative, please provide:	Onor Horo for	morno nomizadori
Occupation EPIDEMIOLOGIST Employer OPTUM EPIDEMIOLOGY		
Business Address 315 E. EISENHOWER PKWY SUITE 3050, ANN ARBOR, MI 48108 Type of Contribution: Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/10/16 Name & Address RABHI PEGGY D 1991 UPLAND DR ANN ARBOR, MI 48105	_{\$} 50.00	_{\$_} 100.00
5. If over \$100.00 cumulative, please provide:	Click Haro for	Memo Itemization
Occupation Employer	Click nere to	Memo Remization
Business Address		
Type of Contribution:		
Page Subfota	\$350.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule	1	
40	line 3a of Summary	

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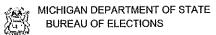
1. Committee I.D. Number

C-2010-012

CANDIDATE COMMITTEE

2, Committee Name

· · · · · · · · · · · · · · · · · · ·						
Enter contributor's name and a middle initial. Check box to ind Committee (PAC) Report all co	dicate if contribu	tion is from a Political Com	al, e imitt	nter last name, first name, lee or an Independent	6, Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAGE Name & Address: MARTIN MICHAEL C 115 DEPOT ST. ANN ARBOR, MI 481		YES 4, Date of Rec	ceip	05/20/16	_{\$} 500.00	_{\$} 500.00
5. If over \$100.00 cumulative,		e: _{Employer} _FIRST_MAR	TIN	I CORPORATION	Click Here fo	r Memo Itemization
Occupation REAL ESTATE DE						
Business Address 115 DEF	PULSI, A	INN ARDUR, IVII 4	01	<u> </u>		
Type of Contribution: Dire	ect	Loan from a person		Fund Raiser		
Contribution #2 PAC Name & Address	Receipt?	YES 4. Date of Rec	ceipt	05/28/16		
READING AGNES 161 LAURIN COURT ANN ARBOR, MI 481					<u>\$100.00</u>	_{\$} 100.00
5. If over \$100.00 cumulative,	please provid	9:			Click Here for	Memo Itemization
Occupation	Er	mployer		·		
Business Address						
Type of Contribution: Direct	ct	Loan from a person	\Box	Fund Raiser		
3. Contribution # 3 PAC Name & Address: DASCOLA ROBERT 1815 BALDWIN AVE ANN ARBOR, MI 481		YES 4. Date of Re	ceip	¹ 06/03/16	\$ 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: Direction:	ect	Loan from a person		Fund Raiser		
3. Contribution # 4 PAG Name & Address NYSTUEN GWEN L.	C Receipt?	YES 4. Date of Re	ecei	pt <u>06/06/16</u>		
1016 OLIVIA ANN ARBOR, MI 481	04				§200.00	_{\$_} 200.00
5. If over \$100.00 cumulative,	, please provid	e:			Click Horo for	Memo Itemization
Occupation RETIRED		Employer			Click Here for	Wento Remization
Business Address				· · · · · · · · · · · · · · · · · · ·		
	rect	Loan from a person		Fund Raiser		:
	-			Page Subtotal	\$900.00	
11 10				nd Total of All Schedules 1A ete on last page of Schedule)	Enter this total on line 3a of Summary	
Page 11 of 12					Page.	



1. Committee I.D. Number

C-2010-012

CANDIDATE COMMITTEE

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 all 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 06/09/16 Name & Address: WILLIAMS WARREN 2708 LOWELL RD. ANN ARBOR, MI 48103	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer	Olick Fiele le	Wicho Remization
Business Address		
Type of Contribution: V Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/16/16		
Name & Address ELDER NANCY 175 BRIARCREST DR. #112 ANN ARBOR, MI 48104	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:	Click Here for	r Memo Itemization
Occupation Employer		4
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	•	
3. Contribution # 3 PAC Receipt? YES 4, Date of Receipt 07/08/16 Name & Address:		
HATHAWAY WILLIAM 3424 STOWE ST.	<u>\$ 100.00</u>	_{\$} 100.00
ANN ARBOR, MI 48103 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 07/10/16 Name & Address DAHLMANN BERNARD CHARLES 1552 NEWPORT CREEK DR. ANN ARBOR, MI 48103-2200	_{\$} 500.00	_{\$_} 500.00
5. If over \$100.00 cumulative, please provide: Occupation REAL ESTATE MANAGEMENT Employer DAHLMANN PROPERTIES Business Address 300 S. THAYER ST, ANN ARBOR, MI 48104	Click Here for	Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	\$725.00	
Grand Total of All Schedules 1A	\$5,485.00	
(Complete on last page of Schedule)	Enter this total on	l

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Enter this total on line 3a of Summary Page.



ITEMIZED EXPENDITURES

C-2010-012

SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number

2. Committee Name Committee To Elect Sumangala Kallasapathy

2.0	Offithatoo (vano		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1		05/24/16	
Name SAWICKI AND SON		Date	\$ <u>557.83</u>
Address	Purpose: YARD SIGNS	Date	
1521 W. LAFAYETTE DETROIT, MI 48216	Click F	lere for Memo	Itemization Type
, , , , , , , , , , , , , , , , , , ,	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name ANN ARBOR JAYCEES FOUNDATION		05/25/16	\$ 50.00
Address	Purpose: 4TH OF JULY PARADE	Date	
P.O. BOX 1866	·	Here for Memo	Itemization Type
ANN ARBOR, MI 48106		joro tor momo	itorinadiori Tipo
Cond Deleas	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser Expenditure #3	statement		
		05104140	
Name HEIKKINEN PRODUCTION	T OLUBTO	05/31/16	\$ <u>219.42</u>
Address 1410 W. MICHIGAN AVENUE	Purpose: T-SHIRTS	Date	
YPSILANTI, MI 48197	Click Here for Memo Itemization Type		
··· •·- ··· · · · · · · · · · · · · · ·	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		80.
Expenditure #4			
Name CITY PRINTING COMPANY, INC.		06/16/16	\$ 514.10
Address	Purpose: ELECTION CARDS	Date	» <u>514.10</u>
411 WEST CROSS ST., PO BOX 980333	Furpose.		
YPSILANTI, MI 48198-0333	Click H	lere for Memo l	Itemization Type
<u></u>	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement	-	
Expenditure #5			
Name BIZZELL DAWN		07/06/16	\$222.50
Address	Purpose:	Date	♥ <u>ZZZ.50</u>
1614 LONGSHORE DRIVE	Click H	lere for Memo	Itemization Type
ANN ARBOR, MI 48105	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
	Subto	tal this page	\$1,563.85
	Grand Total of all S		
	(Complete on last page	of Schedule)	

Enter this total on line 8a of Summary Page



ITEMIZED EXPENDITURES

C-2010-012

SCHEDULE 1B **CANDIDATE COMMITTEE**

1. Committee I. D. Number

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		•	- 1
Name KIM KACHADOORIAN	(04/19/16	\$ 15.99
Address	Reimbursement for domain name payment Purpose:	Date	
204 E. DAVIS AVE.	•		
ANN ARBOR, MI 48104	Click H	ere for Memo	Itemization Type
ANN ANDON, WII TO TOT	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name			
		Doto	\$
Address	Purpose:	Date	
	Click H	ere for Memo	Itemization Type
	Check box if this expenditure is payment of		
	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #3			
Name			
	·		\$
Address	Purpose:	Date	
·			
	Click He	ere for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #4			
Name			
	-	Date	\$
Address	Purpose:		
	Click He	ere for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #5			
Name			
	-	D-4-	\$
Address	Purpose:	Date	
•	Click H	ere for Memo	Itemization Type
	Check box if this expenditure is payment of	or or monio	
	debt or obligation reported on previous		
Fund Raiser	statement		
	Subtote	al this page	\$15.99
	Grand Total of all S	chedules 1B	\$1,579.84
	(Complete on last page	of Schedule)	Ψ1,578.04

Enter this total on line 8a of Summary Page

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FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

C-2010-012

1. Committee I.D. Number Committee to elect Sumangala Kailasapathy

Date Event Was Held	4. Number of Individuals Attending	EET FOR EACH EVENT - 5. Type of Fund Raising Activity	6. Address and Name (If any) of t
Date Event Was Held		5 Type of Fund Raising Activity	6 Address and Name (If any) of the
	or Participating (whichever is greater)	o. Type of Land Caloning Touris	place where the activity was held. 1614 Longshore Di
5/01/16	3,		Ann Arbor, MI 4810
	35	Meet and Greet	Private Residence
Fotal Contributions	\$475.00		
Other Receipts		·	
Gross Receipts (Add lines	7 and 8)		
Total Cost of Event tal Cost includes In-Kind (\$175.00 Contributions and All Expenditures	s Made For the Event)	
Check if event was a	joint fund raiser and complete the	e following:	
Co-Sponsor(s)	Contribution S (%)	Split	Expenditure Split (%)
#*************************************			
		:	
Page 1			
		· · · · · · · · · · · · · · · · · · ·	ga
The committee is rea	uired to file a separate Fund Rais	er Schedule for each fund raisir	na event held durina the
period covered by the	e Campaign Statement.		
Receipts and expend	itures listed on a Fund Raiser Sch	hedule must also be reported or le (1-IK), Itemized Expenditures	



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK 1. Committee I. D. Number C-2010-0/2

CANDIDATE COMM	NTTEE 2. Committee Name Committee To Elect	Sumangala Kail	asapathy
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.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. 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: BIZZELL DAWN 1614 LONGSHORE DRIVE ANN ARBOR, MI 48105 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business 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 Description Appetizers for fundraiser 5. Date Of Receipt: 05/01/16 6. Vendor Name & Address:	\$ 100.00 Click Here for Memo	\$ 100.00
Contribution # 2 PAC Receipt? Yes Name & Address THOMPSON GLENN 100 LONGMAN LANE ANN ARBOR, MI 48105 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOAI Description Office supplies for fundraiser letters 5. Date Of Receipt: 04/25/16 6. Vendor Name & Address:	75.00 N Click Here for Memo	\$ 75.00
Contribution #3 PAC Receipt? Yes Name & Address: KAILASAPATHY SUMI 2530 MALLARD CT ANN ARBOR, MI 48105 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others Description Office supplies for flyers 5. Date Of Receipt: 05/05/16 6. Vendor Name & Address:	50.00	\$ 50.00
Fund Raiser Contribution	Page Subto Grand Total of all Schedules 1	ΨΖΖΟ.00	
	(Complete on last page of Schedu		

Enter this total on line 6 of Summary

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Page _____ of _____