



**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: 10/19/09 to 11/23/09

1. Committee I.D. Number
C-2007-028

2. Committee Name
Sabra Briere for City Council

4. Candidate Last Name Briere First Name Sabra M.I. C.

4a. Office Sought Including District # or Community Served (If applicable)
Ann Arbor City First Ward City Council member

4b. County of Residence

5. Committee's Mailing Address
1418 Broadway
Ann Arbor, MI 48105

Area Code and Phone (534) 995-3518

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
David Cahill
1418 Broadway
Ann Arbor, MI 48105

Area Code & Phone (534) 769-0753

7. Treasurer's Business Address
Same

Area Code and Phone Same

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Area Code and Phone

FILED
WASHINGTON COUNTY, MI
2009 NOV 30 A 10:18
AMERICA'S REGISTERED
COUNTY CLERK/REGISTRAR

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
November 3, 2009

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 David Cahill David Cahill Date 11/28/09
Type or Print Name Signature

Candidate Sabra C. Briere Sabra C. Briere Date 11/28/09
Type or Print Name Signature



1. Committee I.D. Number C-2007-028

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Sabra Briere for City Council

| RECEIPTS | Column I This Period | Column II Cumulative this election cycle |
|--|--------------------------------|---|
| 3. Contributions | | |
| a. Itemized (Schedule 1A - Column 6) | (3a.) \$ <u>724.00</u> | |
| b. Unitemized (less than \$20.01 each - no Schedule) | (3b.) \$ <u>NOT APPLICABLE</u> | |
| c. Subtotal of "Contributions" | (3c.) \$ <u>724.00</u> | (18.) \$ <u>5,224.00</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>724.00</u> | (20.) \$ <u>5,224.00</u> |
| IN-KIND CONTRIBUTIONS & EXPENDITURES | | |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7) | (6.) \$ <u>—</u> | (21.) \$ <u>—</u> |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6) | (7.) \$ <u>—</u> | (22.) \$ <u>—</u> |
| EXPENDITURES | | |
| 8. Expenditures | | |
| a. Itemized (Schedule 1B, Column 6) | (8a.) \$ <u>700.91</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>700.91</u> | (23.) \$ <u>2585.38</u> |
| INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) | | |
| 10. Disbursements | | |
| a. Itemized (Schedule 1C, Column 6) | (10a.) \$ <u>50.00</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>50.00</u> | (24.) \$ <u>50.00</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>3,252.60</u> | |
| 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) | (14.) + \$ <u>724.00</u> | |
| 15. SUBTOTAL Add lines 13 and 14 | (15.) = \$ <u>3,976.60</u> | |
| 16. Amount expended during reporting period (Add lines 9 and 11) | (16.) - \$ <u>750.91</u> | |
| 17. ENDING BALANCE (Subtract line 16 from line 15) | (17.) \$ <u>3,225.69</u> | |



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2007-028
2. Committee Name Seba Briere for City Council

| 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>10/20/09</u> | |
| Name & Address: <u>Beverly I. Strassman and Claudius Vincenz</u> <u>545 S. Fifth Ave, No. 2</u> <u>Ann Arbor, MI 48106</u> | | \$ <u>100.00</u> | \$ <u>100.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ | | Click Here for Memo Itemization | |
| Business Address _____ | | | |
| Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | | |
| 3. Contribution #2 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/20/09</u> | |
| Name & Address: <u>James and Sandra Foulke</u> <u>1606 Waltham Dr.</u> <u>Ann Arbor, MI 48103</u> | | \$ <u>25.00</u> | \$ <u>25.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ | | Click Here for Memo Itemization | |
| Business Address _____ | | | |
| Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | | |
| 3. Contribution # 3 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/23/09</u> | |
| Name & Address: <u>Kent Burkhardt</u> <u>409 1/2 N. Fourth Ave</u> <u>Ann Arbor, MI 48104</u> | | \$ <u>99.00</u> | \$ <u>99.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ | | Click Here for Memo Itemization | |
| Business Address _____ | | | |
| Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | | |
| 3. Contribution # 4 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/23/09</u> | |
| Name & Address: <u>Robert G. Carter</u> <u>1400 Broadway</u> <u>Ann Arbor, MI 48105</u> | | \$ <u>35.00</u> | \$ <u>35.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ | | Click Here for Memo Itemization | |
| Business Address _____ | | | |
| Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | | |

Page Subtotal 259.00

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-2007-028
2. Committee Name Sabra Brieres for City Council

| 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>10/27/09</u> | |
| Name & Address: <u>C.H. Stephan and Suzanne Stephan</u> <u>2752 Norfolk Lane</u> <u>Ann Arbor, MI 48103</u> | | \$ <u>25.00</u> | \$ <u>25.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ | | Click Here for Memo Itemization | |
| Business Address _____ | | | |
| Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | | |
| 3. Contribution #2 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/27/09</u> | |
| Name & Address: <u>Susan J. Greenberg</u> <u>1315 Culver</u> <u>Ann Arbor, MI 48103</u> | | \$ <u>50.00</u> | \$ <u>50.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ | | Click Here for Memo Itemization | |
| Business Address _____ | | | |
| Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | | |
| 3. Contribution #3 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/28/09</u> | |
| Name & Address: <u>Robert M. Johnson</u> <u>1413 Culver</u> <u>Ann Arbor, MI 48103</u> | | \$ <u>50.00</u> | \$ <u>50.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ | | Click Here for Memo Itemization | |
| Business Address _____ | | | |
| Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | | |
| 3. Contribution #4 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt _____ | |
| Name & Address: <u>Judith Ann Vacko</u> <u>1607 Waltham</u> <u>Ann Arbor, MI 48103</u> | | \$ <u>25.00</u> | \$ <u>25.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ | | Click Here for Memo Itemization | |
| Business Address _____ | | | |
| Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | | |

Page Subtotal 150.00

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-2007-028
2. Committee Name Sabra Briere for City Council

| 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>10/30/09</u> | |
| Name & Address: <u>Piotr Michalowski and Deanna Reylea</u> <u>451 S. Fourth Ave.</u> <u>Ann Arbor, MI 48104</u> | | \$ <u>150.00</u> | \$ <u>150.00</u> |
| 5. If over \$100.00 cumulative, please provide: | | Click Here for Memo Itemization | |
| Occupation _____ Employer _____ | | | |
| Business Address _____ | | | |
| Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | | |
| 3. Contribution #2 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>11/3/09</u> | |
| Name & Address: <u>Tim Glenback and Dana Barton</u> <u>1730 David Ct.</u> <u>Ann Arbor, MI 48105</u> | | \$ <u>100.00</u> | \$ <u>100.00</u> |
| 5. If over \$100.00 cumulative, please provide: | | Click Here for Memo Itemization | |
| Occupation _____ Employer _____ | | | |
| Business Address _____ | | | |
| Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | | |
| 3. Contribution # 3 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>11/2/09</u> | |
| Name & Address: <u>Amy D. Seetoo</u> <u>3111 Cedarbrook Rd.</u> <u>Ann Arbor, MI 48105</u> | | \$ <u>65.00</u> | \$ <u>65.00</u> |
| 5. If over \$100.00 cumulative, please provide: | | Click Here for Memo Itemization | |
| Occupation _____ Employer _____ | | | |
| Business Address _____ | | | |
| Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | | |
| 3. Contribution # 4 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt _____ | |
| Name & Address _____ | | \$ _____ | \$ _____ |
| 5. If over \$100.00 cumulative, please provide: | | Click Here for Memo Itemization | |
| Occupation _____ Employer _____ | | | |
| Business Address _____ | | | |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | | |

Page Subtotal 315.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule) 724.00

Enter this total on
line 3a of Summary
Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2007-028
2. Committee Name Sabra Brewer for City Council

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
|---|---|-------------------------|------------------|
| Expenditure #1 Name <u>Office Max</u> Address <u>3765 Washtenaw Ann Arbor, MI 48106</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Ink and supplies</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>10/24/09</u> Date | <u>\$ 75.73</u> |
| Expenditure #2 Name <u>Denms Dahlmann</u> Address <u>300 S. Thayer Ann Arbor, MI 48104</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Return of contribution</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>10/27/09</u> Date | <u>\$ 500.00</u> |
| Expenditure #3 Name <u>Michigan Chinese American News</u> Address <u>4979 S. Ridgeway Circle Ann Arbor, MI 48105</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Advertising</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>10/30/09</u> Date | <u>\$ 65.00</u> |
| Expenditure #4 Name <u>Campus Inn</u> Address <u>615 E. Huron Ann Arbor, MI 48106</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Food for campaign meeting</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>11/6/09</u> Date | <u>\$ 53.23</u> |
| Expenditure #5 Name <u>Crystal Tech Web Hosting, Inc.</u> Address <u>1125 W. Pinnacle Peak Rd., Suite 103 Phoenix, AZ 85207</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Campaign website</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>11/10/09</u> Date | <u>\$ 8.95</u> |

Subtotal this page 700.91

Grand Total of all Schedules 1B
(Complete on last page of Schedule) 700.91

Enter this total on line 8a of Summary Page



**INCIDENTAL OFFICE EXPENSE
DISBURSEMENTS
SCHEDULE 1C
CANDIDATE COMMITTEE**

(For use by officeholders only)

1. Committee I. D. Number _____

2. Committee Name _____

| 3. Name and address of person to whom disbursement was made | 4. Description of Disbursement (Be specific & you may assign a disbursement code*) | 5. Date | 6. Amount of Disbursement |
|---|---|-------------------------|--|
| Disbursement # 1 Name & Address: <i>Ann Arbor Branch of the NAACP</i> <i>P.O. Box 3399</i> <i>Ann Arbor, MI 48106</i> | Purpose <i>Freedom Fund dinner</i> | Date <i>11/17/08</i> | \$ <i>50.00</i> |
| Click for Memo Itemization Type | | | |
| <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement | Disbursement Code _____ <input type="checkbox"/> Fund Raiser | | |
| Disbursement # 2 Name & Address: | Purpose _____ | Date _____ | \$ _____ |
| Click for Memo Itemization Type | | | |
| <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement | Disbursement Code _____ <input type="checkbox"/> Fund Raiser | | |
| Disbursement # 3 Name & Address: | Purpose _____ | Date _____ | \$ _____ |
| Click for Memo Itemization Type | | | |
| <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement | Disbursement Code _____ <input type="checkbox"/> Fund Raiser | | |
| | | | Subtotal this page |
| | | | <i>50.00</i> |
| | | | Grand Total of all Schedules 1C (Complete on last page of Schedule) |
| | | | <i>50.00</i> |

Enter this total on line 10a of Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY