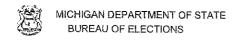
CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

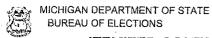
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement covers From: /0//9/09 to	11/2-3/09
1. Committee t.D. Number	Candidate Last Name First Name	M.I.
C-2007-028	Briere Sabra	C 、
2. Committee Name	la. Office Sought Including District # or Community Served (If	applicable)
SabraRriereSor City Quant	Anwarber City First Ward City Gourci	member
5. Committee's Mailing Address	6. Treasurer's Name & Residential Address	
1418 Broadway	David Cahill	
Ann Arbor, MI (810)	1418 Broadway Ann Abor, M148105	
S. M. CR = d	Ann A por, M198703	
Area Code and Phone (31)99537/8 If the address in this box is different from the committee	`	·
malling address on the Statement of Organization, mail may be sent to this address by the filing official.	Area Code & Phone (734) 769-6713	
7. Treasurer's Business Address	8. Designated Record keeper's Name and Mailing Address (fr Designated Record keeper)	the committee has a
Same		ASH AND ASH
Jame		
		R SI
		30
Area Code and Phone Same	Ondo and Dhana	
9. TYPE OF STATEMENT	Area Code and Phone	AMREHCE KESTENBA
	S I	
9a. Pre-Election OR 9b. Post-	lection 9c. Annual Statement (Co	verage vear)
Pre-Election or Post-Election Statement relates to:	9d. Amendment to Campaign Statement or 9e to indicate which Statement is	t (Complete Item 9a, 9b, 9c being amended)
Primary Sene	9e. Dissolution of Candidate Committee	
Convention	Effective Date of Dissolui	tion
Special		
	By checking this item, I/We certify that the co outstanding debts, including late filing fees. i	immittee has no assets or Further, I/We request that if
Date of Election, Convention or Caucus	the dissolution cannot be granted, that this be	e considered a request for
November 3, 2009	Note: The disposition of residual funds must	be reported on Schedule
A committee that does not have a Reporting Waiver must file all rec Schedules. Direct contributions, in-kind contributions, loans, expen	18 and the Summary Page. ired Campaign Statements. The Campaign Statements must i	include all applicable
Schedules. Direct contributions, in-kind contributions, loans, expen If any of the information listed in items 2, 4, 5, 6, 7, or 8 has change amendment to the Statement of Organization should accompany the before the filling deadline of a required campaign statement, the	tures, and outstanding debts count against the \$1,000 Reporting since the information was shown on the committee's Statemer Campaign Statement. If a request for a Reporting Waiver is campaign statement cannot be waived.	ng Waiver threshold. nt of Organization, an s not received on or
10. Verification: I\We certify that all reasonable diligence was used in my\our knowledge and belief the contents are true, accurate and cor	he preparation of this statement and attached schedules (if an lete.	y) and to the best of
Current Treasurer or	£ 100 1 130	
Designated Record keeper Lavid (al M// /	Signature Date	1/28/08
	$\mathbb{R}^{\mathbb{R}}$	uconorda
Candidate Sabra C, Errere	abra There Date	11/28/09
Type or Print Name	Signature	



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

SUMMARY PAGE

2. Committee Name Sabra Brief for Gify Cource **CANDIDATE COMMITTEE** RECEIPTS Column I Column II This Period Cumulative this election cycle 3. Contributions (3a.) \$ _ 724,00 a. itemized (Schedule 1A - Column 6) b. Unitemized (less than \$20.01 each - no Schedule) NOT APPLICABLE 724,00 c. Subtotal of "Contributions" (18.)\$ 5. 224,00 (3c.) \$ 4. Other Receipts (Schedule 1A -1, Column 6) (4.) \$ __ 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS 224.00 (20.) \$ 5,224,00 (Add Line 3c + Line 4) **IN-KIND CONTRIBUTIONS & EXPENDITURES** 6. In-Kind Contributions (Schedule 1-fK, Column 7) (21.) \$ _ 7. In-Kind Expenditures (Schedule 1B-IK, Column 6) (7.) \$ ____ (22.) \$___ EXPENDITURES 8. Expenditures a. Itemized (Schedule 1B, Column 6) b. Itemized Get-Out-the-Vote (Schedule 1B-G) (8b.) \$ c. Unitemized (less than \$50.01 each - no Schedule) (23.)\$ 2585.38 (9.) \$ >00 \$ / 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) 10. Disbursements a. itemized (Schedule 1C, Column 6) b. Unitemized (less than \$50.01 each - no Schedule) (10b.) \$ _ 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) 10.00 (11.) \$ _50.00 **DEBTS AND OBLIGATIONS** 12. Debts and Obligations a. Owed by the Committee (Schedule 1E) b. Owed to the Committee (Schedule 1E) (12b.) \$ BALANCE STATEMENT (13.) \$ 3252.60 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (14.)+\$ 724.00 (Line 5, Total Contributions & Other Receipts) (15.) = \$<u>3,976.6</u> 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17. ÈNDING BALANCE (17.) \$ <u>3225.69</u> * (Subtract line 16 from line 15)



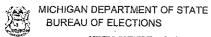
ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number <u>C-2007</u>_028

Page.

11

CANDIDATE COMMITTEE 2. Committee Name Seq	bro Briene F	or Gify Cour c
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 10/20/09 Name & Address: Revery 1. Strass manaral Claudius Vincenz 545 C. Fifth Ave, No. 7 Ann Arbor, MI (8/08) 5. If over \$100.00 cumulative, please provide:	\$ /00.00	\$ /00.00
Occupation Employer	Click Here fo	or Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/20/09 Name & Address James and Sendra Fowke 1606 Waltham Dr.		
Ann Arbor, 41 48103	\$	\$ 25.00
If over \$100.00 cumulative, please provide: Occupation Employer	Click Here for	Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/23/89 Name & Address: Kent Burkhart 409 / LN - Fourth 120 Ann Arbor, M/ 48/04 5. If over \$100.00 cumulative, please provide:		s 99.00
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	E LIM NATIONAL AND COMMENTAL PROPERTY AND COM	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/3/09 Robert G. Carter /400 Rroadway Annabor, M 48/05 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	ng kanasangan kanasangan kanasangan kanasangan kanasangan kanasangan kanasangan kanasangan kanasangan kanasan	\$ 3500 Memo Itemization
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page	Enter this total on line 3a of Summary Page.	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

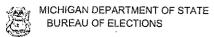
CANDIDATE COMMITTEE

1. Committee I.D. Number <u>C-2007-028</u>
2. Committee Name Salora Briene Sof City (cxunca)

Page.

L. Government of the control of the	$\sim \sim \sim \sim \sim \sim \sim$	- 1 / JAN 10-121
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? YES 4. Date of Receipt 10/25/09 Name & Address: C. H. Stephanourol Suranne Stephan 2752Ho/xoke-Lawe Anutotees W 48/03 5. If over \$100.00 cumulative, please provide:	s 25.00	\$ 25-00
Occupation Employer	Click Here fo	or Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/25/09 Name & Address		
Susand. Greenberg 1315 Culver Anutbor, M1 48103	\$ 50-00	\$ 50,00
5. If over \$100.00 cumulative, please provide:	Click Here for	r Memo Itemization
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
PAC Receipt? YES 4. Date of Receipt 10/28/09 Parkt M. Johnson 1413 Culver Amakbor, M/ (8)B 5. If over \$100.00 cumulative, please provide: Description	\$ ≤0.500 Click Here for	\$
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address Waltham Vacto /607 Waltham Anutator, M(U8) 03 i. If over \$100.00 cumulative, please provide: Occupation Employer	\$ Z\S-O\O Click Here for	\$ 25.00 Memo Itemization
R-3-1		
Page Subtotal	150,00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
n 7	Enter this total on line 3a of Summary	

Page 2 of 3



ITEMIZED CONTRIBUTIONS **SCHEDULE 1A**

1. Committee I.D. Number C - 2007-02-8

2. Committee Name Sabrabrieve For Gby Council **CANDIDATE COMMITTEE** Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount 7. Cumulative for middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Election Cycle for Each Committee (PAC) Report all contributions regardless of amount. Contributor (Through date of receipt) 3. Contribution # 1 PAC Receipt? 4. Date of Receipt 10/30/09 Name & Address: ProfrMichalowskiand Deanna Relxea 60.021 e 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation __ Employer __ Business Address Type of Contribution: X Direct Loan from a person Fund Raiser 4. Date of Receipt 11/3/09 3. Contribution #2 PAC Receipt? Name & Address Tim Wenbackand Down Barton \$ 100.00 s 100.00 Ann Arter, 11/4 8/03 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation ___ Business Address Type of Contribution: X Direct Loan from a person Fund Raiser 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt Name & Address: Amy D. Sector 3111 Cadarbrook Rd. \$ 65.00 Ann Artor 11 48/05 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Employer__ Occupation_ Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? 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: Direct Loan from a person Fund Raiser Page Subtotal 31500 Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on

Page 3 of 3

line 3a of Summary Page.



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number C 2007-02-8

Expenditure #1 Name DEST ED MOX Address \$75. Washtenaw Anwhoer, MI 48704 Fund Raiser	2. Committee Name Salma Briefor	CANDIDATE COMMITTEE 2.	G / we	well
Name DG 20 Mox Activess 3765 Washerman An whoten, MI 48704 Check box if this expenditure is payment of debt or obligation reported on previous statement Check box if this expenditure is payment of debt or obligation reported on previous statement Check box if this expenditure is payment of debt or obligation reported on previous statement Check box if this expenditure is payment of debt or obligation reported on previous statement Check box if this expenditure is payment of debt or obligation reported on previous statement Check box if this expenditure is payment of debt or obligation reported on previous statement Check box if this expenditure is payment of debt or obligation reported on previous statement Check box if this expenditure is payment of debt or obligation reported on previous statement Check box if this expenditure is payment of debt or obligation reported on previous statement Check box if this expenditure is payment of debt or obligation reported on previous statement Check box if this expenditure is payment of debt or obligation reported on previous statement Check box if this expenditure is payment of debt or obligation reported on previous Check Here for Memo Itemization Check box if this expenditure is payment of debt or obligation reported on previous Check Here for Memo Itemization Check box if this expenditure is payment of debt or obligation reported on previous Check Here for Memo Itemization Check box if this expenditure is payment of debt or obligation reported on previous Check Here for Memo Itemization Check box if this expenditure is payment of debt or obligation reported on previous Check Here for Memo Itemization Check box if this expenditure is payment of debt or obligation reported on previous Check Here for Memo Itemization Check box if this expenditure is payment of debt or obligation reported on previous Check Here for Memo Itemization Check box if this expenditure Check box if this expenditure Check box if this exp				6. Amount
Address 3765 Was New Man Was Man Was Man Was Mark Boar Man Was Mark Boar Man Was Man		Expenditure #1		
Click Here for Memo Itemization An whother, MI (18/04) Fund Raiser Expenditure #2 Name Den M. Datul Man w Address 3005. Thaker An whom will find the sependiture is payment of debt or obligation reported on previous statement. Check box if this expenditure is payment of debt or obligation reported on previous statement. Check box if this expenditure is payment of debt or obligation reported on previous Soo		Name OSFI ee Mox	10/24/09	\$ 77.77
Anw brown MI 48704 Fund Raiser Fund Raiser Click Here for Memo Itemization	Purpose: Inkand supplies		Date	
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Name Den MIDall Man W Address 3005-Traxer Ann Arbor, MI 4F108 Fund Raiser Expenditure #3 Name MI chagenachine set American New Address 49785. Riderde Gracle Ann Arbor, MI 48707 Fund Raiser Expenditure #4 Name Campus Inn Address 615E. Human Ann Abor, MI 48708 Fund Raiser Expenditure #5 Name Campus Inn Ann Abor, MI 48708 Fund Raiser Expenditure #6 Name Campus Inn Ann Abor, MI 48708 Fund Raiser Expenditure #5 Name Crystal Techwels Hosting, Inc. Address Furpose: Gayafan well 5 to Date Purpose: Food 50 (ampaign) Click Here for Memo Itemization To debt or obligation reported on previous statement Check box if this expenditure is payment of debt or obligation reported on previous statement Check box if this expenditure is payment of debt or obligation reported on previous Statement Check box if this expenditure is payment of debt or obligation reported on previous Statement Click Here for Memo Itemization Ty Gheck box if this expenditure is payment of debt or obligation reported on previous Statement Click Here for Memo Itemization Ty Gheck box if this expenditure is payment of debt or obligation reported on previous Statement Statement Click Here for Memo Itemization Ty Glock Here for Memo Itemization Ty	Check box if this expenditure is payment of debt or obligation reported on previous	Fund Raiser	f	
Address 3005-Thaker Annabor MI 45108 Fund Raiser Expenditure #3 Name Address 49795. Pider de Circle Annabor, MI 48105 Fund Raiser Expenditure #4 Name Campus In M Address GISE. Human Address Fund Raiser Expenditure #5 Name Campus In M Address GISE. Human Address Fund Raiser Expenditure #5 Name Crystal Technology Back Id., Suite 103 Purpose: Quipalon reported on previous statement At Mariser Expenditure #5 Name Crystal Technology Back Id., Suite 103 Purpose: Quipalon well size is payment of debt or obligation reported on previous statement Annabor, MI 48100 Check box if this expenditure is payment of debt or obligation reported on previous statement Check box if this expenditure is payment of debt or obligation reported on previous statement Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Ty debt or obligation reported on previous statement Click Here for Memo Itemization Ty debt or obligation reported on previous statement Annabor MI 48100 Click Here for Memo Itemization Ty debt or obligation reported on previous statement		Expenditure #2		
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Fund Raiser Gebeck box if this expenditure is payment of debt or obligation reported on previous statement	Click P		Here for Memo	Itemization Type
Name Michigon Chinese American News Address 49795. Pidgest a Circle Annalos, MI 48/05 Fund Raiser Expenditure #4 Name Camp as Inn Annalos, MI 48/00 Purpose: Food for Compation Purpose: Food for Compation Click Here for Memo Itemization T Date \$55. Click Here for Memo Itemization T Purpose: Food for Compation Purpose: Food for Compation Click Here for Memo Itemization T) Check box if this expenditure is payment of debt or obligation reported on previous Statement Crystal Technology for the form of the mization Ty Purpose: Campation website Click Here for Memo Itemization Ty Purpose: Campation website Click Here for Memo Itemization Ty Check box if this expenditure is payment of debt or obligation reported on previous Statement Click Here for Memo Itemization Ty Statement	Check box if this expenditure is payment of debt or obligation reported on previous	Fund Raiser	,	
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statement	Check box if this expenditure is payment of		lere for Memo I	temization Type
Subtotal this page 760. 9		runu raiser		
	Subtota		al this page	700.9/
Grand Total of all Schedules 1B (Complete on last page of Schedule)				700.9/

Enter this total on line 8a of Summary Page

Page _____ of ____



INCIDENTAL OFFICE EXPENSE DISBURSEMENTS SCHEDULE 1C CANDIDATE COMMITTEE

1. Committee I. D. Number	
2 Committee Name	

(For use by officenoiders only)			
3. Name and address of person to whom disbursement was made	Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1	Purpose		
Name & Address:	Freedom Fund dinner	LL	
AnnArbor Branches The NAACP	(recom who a three		\$ 50.00
P.O. Rox 3399			
P.O. Rox 3399 Ann Arbor, M/48/06		Click for Memo Ite	mization Type
	Disbursement Code		
Check box if this disbursement is payment of debt or obligation reported on previous statement	Fund Raiser		
Disbursement # 2	Purpose		
Name & Address:	. 4.5000		•
		Date	<u> </u>
·		Date	
		Click for Memo Iter	nization Type
	Data and a second		
Check box if this disbursement is payment of debt or obligation	Disbursement Code		
reported on previous statement	Fund Raiser		
Disbursement # 3 Name & Address:	Purpose		
Mario di Moross.			\$
		Date	
		Click for Memo Item	nization Type
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reported on previous statement	Fund Raiser		
Disbursement # 4	Purpose		
Name & Address:			\$
		Date	- <u>Ψ</u>
		Click for Memo Item	ization Type
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reported on previous statement	Fund Raiser		
	Experience 1		
		Subtotal this page	50.00
	Grand Total o (Complete on last	f all Schedules 1C page of Schedule)	50.02
		· '	Enter this total

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

Page	of	