



Amended

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

(For use by officeholders only)

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

2. Committee Name Sabra Brown for City Council

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: <u>Equality Michigan Poole PAC</u> <u>P.O. Box 10129</u> <u>Lansing, MI 48901</u>	Purpose <u>Tickets to Fundraiser</u> (To correct erroneous amount reported as \$40.00)	<u>10/6/11</u> Date	<u>\$20.00</u>
<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	Click for Memo Itemization Type	
Disbursement # 2 Name & Address:	Purpose _____	_____ Date	\$ _____
<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	Click for Memo Itemization Type	
Disbursement # 3 Name & Address:	Purpose _____	_____ Date	\$ _____
<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	Click for Memo Itemization Type	
Disbursement # 4 Name & Address:	Purpose _____	_____ Date	\$ _____
<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	Click for Memo Itemization Type	

Subtotal this page 20.00

Grand Total of all Schedules 1C
(Complete on last page of Schedule) 20.00

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