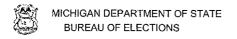
## CANDIDATE COMMITTEE COVER PAGE

## 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: _11/2-9/1/ to _12/31///					
1. Committee I.D. Number	Candidate Last Name First Name M.I.					
(-2007-028	Brieve Sabra C'					
2. Committee Name	4a. Office Sought Including District # or Community Served (If applicable)					
Sabra Rriene for City Council	first Ward Gity Council member  4b. County of Residence Was Lifence W					
5. Committee's Mailing Address	6. Treasurer's Name & Residential Address					
1418 Broadway	Daviel Cahill					
1418 Broadway Ann Arbor, M1 48105	1918 Broodway					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Ann Arbor, M1 48705					
Area Code and Phone (230) 995-35/8	77ML77888,7011 46700					
Iff 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.	Area Code & Phone (734) 769 - 07 13					
7. Treasurer's Business Address	8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)					
Same	Salar Sa					
•	<b>2011</b>					
Area Cada and Bhana						
Area Code and Phone  9. TYPE OF STATEMENT	Area Code and Phone					
9a. Pre-Election OR 9b. Post	-Election 9c. Annual Statement (20/12 Eoverage Year)					
Pre-Election or Post-Election Statement relates to:	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)					
Primary Gen	9e. Dissolution of Candidate Committee					
	Effective Date of Dissolution					
Convention	iool					
Special Cauc	cus					
<u> </u>	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					
Date of Election, Convention or Caucus	the dissolution cannot be granted, that this be considered a request for the Reporting Walver.					
	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 re-						
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 in 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 filling 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\u00e4our knowledge and belief the contents are true, accurate and complete.						
Current Treasurer or	Damol B4160 1/0/15					
Designated Record keeper	Signature Date					
CI allin	CR.					
Candidate Japro C. Arrer	Signatura Date 1/5/12					
Type or Print Name	Signature					



1. Committee I.D. Number

SU	MMA	ARY F	'AGE	
CANDID	ATE	COM	MITT	EE

2. Committee Name

RECEIPTS		Column I	Column II
3. Contributions		This Period	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ _	0.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	NOT APPLICABLE	_
c. Subtotal of "Contributions"	(3c.) \$	0.00	_ (18.)\$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _	0-00	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ _	0.00	(20.)\$
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-lK, Column 7)	(6.) \$	0.06	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	0.00	(22.) \$
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	0.00	-
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	0.00	_
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _	0.00	_
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	0-00	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$_	0-00	-
b. Unitemized (less than \$50.01 each - no Schedule)	(10h \ \$	0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)			
DEBTS AND OBLIGATIONS	(11.) \$	0.00	(24.) \$
12. Debts and Obligations			•
a. Owed <b>by</b> the Committee (Schedule 1E)	(12a.) \$	0.00	
b. Owed <b>to</b> the Committee (Schedule 1E)	(12b.) \$	0-00	
	BALAN	ICE STATEMENT	
13. Ending Balance of last report filed     (Enter zero if no previous reports have been filed.)		4618.62	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$_	0.00	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	4618.62	·
16. Amount expended during reporting period     (Add lines 9 and 11)	(16.) - \$ _	0.00	<del></del>
(Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$_	4618-62	*
(Oubliact line to non line 13)	•		