



**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.

1. Committee I.D. Number <b>C-2007-028</b>		3. This Statement covers From: <b>10/21/13</b> to <b>11/25/13</b>	
2. Committee Name <b>Sabra Briere for City Council</b>		4. Candidate Last Name <b>Briere</b> First Name <b>Sabra</b> M.I. <b>C.</b>	
5. Committee's Mailing Address <b>1418 Broadway Ann Arbor, MI 48105</b>		4a. Office Sought Including District # or Community Served (If applicable) <b>Ann Arbor City Council, First Ward</b>	
Area Code and Phone _____ 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.		4b. County of Residence <b>Washtenaw</b>	
7. Treasurer's Business Address <b>Same</b>		6. Treasurer's Name & Residential Address <b>David Cahill 1418 Broadway Ann Arbor, MI 48105</b>	
Area Code and Phone _____		Area Code & Phone _____	
8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)		Area Code and Phone _____	

FILED  
 WASHTEENAW COUNTY, MI  
 2013 DEC -11 P 3:54  
 LAWRENCE NESTERBAUM  
 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  
**11/5/13**

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** Signature *David Cahill* Date **12/4/13**

Candidate **Sabra C. Briere** Signature *Sabra C. Briere* Date **12/4/13**



C-2007-028

1. Committee I.D. Number \_\_\_\_\_

2. Committee Name Sabra Briere for City Council

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>1085.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>1085.00</u>	(18.) \$ <u>12,885.00</u>
<b>4. Other Receipts (Schedule 1A -1, Column 6)</b>	(4.) \$ _____	(19.) \$ _____
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>1085.00</u>	(20.) \$ <u>12,885.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
<b>6. In-Kind Contributions (Schedule 1-IK, Column 7)</b>	(6.) \$ _____	(21.) \$ <u>77.86</u>
<b>7. In-Kind Expenditures (Schedule 1B-IK, Column 6)</b>	(7.) \$ _____	(22.) \$ _____
<b>EXPENDITURES</b>		
<b>8. Expenditures</b>		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>1821.67</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
<b>9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)</b>	(9.) \$ <u>1821.67</u>	(23.) \$ <u>8685.83</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
<b>10. Disbursements</b>		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>300.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ <u>300.00</u>	(24.) \$ <u>783.48</u>
<b>DEBTS AND OBLIGATIONS</b>		
<b>12. Debts and Obligations</b>		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ _____	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
<b>BALANCE STATEMENT</b>		
<b>13. Ending Balance of last report filed</b> (Enter zero if no previous reports have been filed.)	(13.) \$ <u>8,299.65</u>	
<b>14. Amount received during reporting period</b> (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>1085.00</u>	
	(15.) = \$ <u>9384.65</u>	
<b>15. SUBTOTAL Add lines 13 and 14</b>	(16.) - \$ <u>2121.67</u>	
<b>16. Amount expended during reporting period</b> (Add lines 9 and 11)	(16.) - \$ _____	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>7262.98</u> *	



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

C-2007-028

1. Committee I.D. Number  
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 all contributions regardless of amount.

3. Contribution #1 PAC Receipt?  YES 4. Date of Receipt 10/21/13

Name & Address:  
James Koli  
7755 Warner Rd.  
Saline, MI 48176

6. Amount \$ 300.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 300.00

5. If over \$100.00 cumulative, please provide:  
Occupation Owner Employer Northside Grill [Click Here for Memo Itemization](#)  
Business Address 1015 Broadway, Ann Arbor, MI 48105  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #2 PAC Receipt?  YES 4. Date of Receipt 10/22/13

Name & Address:  
Marcia Feingold  
352 Hilldale  
Ann Arbor, MI 48105

6. Amount \$ 50.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 50.00

5. 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 10/23/13

Name & Address:  
Sandra Awood  
2471 Placid Way  
Ann Arbor, MI 48105

6. Amount \$ 75.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 75.00

5. 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 #4 PAC Receipt?  YES 4. Date of Receipt 10/23/13

Name & Address:  
Deanna Relyea  
451 S. Fourth Ave.  
Ann Arbor, MI 48104

6. Amount \$ 200.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 200.00

5. If over \$100.00 cumulative, please provide:  
Occupation Manager Employer Kerrytown Concert House [Click Here for Memo Itemization](#)  
Business Address 415 N. Fourth Ave, Ann Arbor, MI 48104  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

Page Subtotal 625.00

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

C-2007-028

1. Committee I.D. Number

Sabra Briere for City Council

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 <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>10/24/13</u> Name & Address: Donald Duquette 505 E. Huron St. #603 Ann Arbor, MI 48104  5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100.00 \$ _____	100.00 \$ _____  <a href="#">Click Here for Memo Itemization</a>
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/25/13</u> Name & Address: Joe McConnell 1855 St. Joseph St. Ann Arbor, MI 48104  5. If over \$100.00 cumulative, please provide: Retired Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100.00 \$ _____	150.00 \$ _____  <a href="#">Click Here for Memo Itemization</a>
3. Contribution #3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/26/13</u> Name & Address: Gwen Nystuen 1016 Olivia Ann Arbor, MI 48104  5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	50.00 \$ _____	50.00 \$ _____  <a href="#">Click Here for Memo Itemization</a>
3. Contribution #4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/29/13</u> Name & Address: John F. Splitt 1723 Ivywood Dr. Ann Arbor, MI 48103  5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100.00 \$ _____	100.00 \$ _____  <a href="#">Click Here for Memo Itemization</a>

Page Subtotal 350.00

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

C-2007-028

1. Committee I.D. Number \_\_\_\_\_  
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 all 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>10/29/13</u>	
Name & Address: <u>David Stead</u> <u>910 Edgewood Pl.</u> <u>Ann Arbor, MI 48103</u>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
Name & Address: <u>Karen Cooper</u> <u>2205 Hilldale Dr.</u> <u>Ann Arbor, MI 48105</u>		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
Name & Address: _____ _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
Name & Address: _____ _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal **110.00**

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

**1085.00**

Enter this total on  
line 3a of Summary  
Page



ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

C-2007-028

1. Committee I. D. Number \_\_\_\_\_

Sabra Briere for City Council

2. Committee Name \_\_\_\_\_

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>Messenger Printing Service</b>  Address <b>20136 Ecorse Rd. Taylor, MI 48180</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing and mailing</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/28/3</u> Date	\$ <u>1222.97</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #2 Name <b>OfficeMax</b>  Address <b>3765 Washtenaw Ann Arbor, MI 48104</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Clipboards</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/3/13</u> Date	\$ <u>14.77</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #3 Name <b>Bagbarn</b>  Address <b>P. O. Box 656 Hanover, IN 47243</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Plastic bags for lit</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/28/3</u> Date	\$ <u>63.65</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #4 Name <b>Jewish News</b>  Address <b>2935 Birch Hollow Dr. Ann Arbor, MI 48108</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Advertisement</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/6/13</u> Date	\$ <u>395.00</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #5 Name <b>Kroger</b>  Address <b>2641 Plymouth Rd. Ann Arbor, MI 48105</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Refreshments</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/5/13</u> Date	\$ <u>96.46</u>  <a href="#">Click Here for Memo Itemization Type</a>

Subtotal this page **1792.85**

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

Enter this total  
on line 8a of  
Summary Page



ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

C-2007-028

1. Committee I. D. Number \_\_\_\_\_

Sabra Briere for City Council

2. Committee Name \_\_\_\_\_

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>Achatz Handmade Pies</b>  Address <b>2643 Plymouth Rd. Ann Arbor, MI 48105</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Refreshments</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/5/13</u> Date	\$ <u>13.98</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #2 Name <b>PayPal</b>  Address <b>2211 N. First St. San Jose, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Cr card process fees</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/30/3</u> Date	\$ <u>14.25</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #3 Name <b>PayPal</b>  Address <b>2211 N. First St. San Jose, CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Cr card process fees</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/18/3</u> Date	\$ <u>0.59</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #4 Name _____  Address _____  <input type="checkbox"/> Fund Raiser	Purpose: _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #5 Name _____  Address _____  <input type="checkbox"/> Fund Raiser	Purpose: _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____  <a href="#">Click Here for Memo Itemization Type</a>

Subtotal this page	28.82
Grand Total of all Schedules 1B (Complete on last page of Schedule)	1821.67

Enter this total on line 8a of Summary Page

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

(For use by officeholders only)

C-2007-028

1. Committee I. D. Number

Sabra Briere for City Council

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: Washtenaw County Democratic Party 2776 Sagebrush Circle #1 Ann Arbor, MI 48103  <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose Program book ad  Disbursement Code _____ <input type="checkbox"/> Fund Raiser	11/12/3 Date	\$ 200.00  Click for Memo Itemization Type
Disbursement # 2 Name & Address: Washtenaw County Democratic Party 2776 Sagebrush Circle #1 Ann Arbor, MI 48103  <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose Fundraiser tickets  Disbursement Code _____ <input type="checkbox"/> Fund Raiser	11/12/3 Date	\$ 100.00  Click for Memo Itemization Type
Disbursement # 3 Name & Address:   <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose   Disbursement Code _____ <input type="checkbox"/> Fund Raiser	_____ Date	\$ _____  Click for Memo Itemization Type
Disbursement # 4 Name & Address:   <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose   Disbursement Code _____ <input type="checkbox"/> Fund Raiser	_____ Date	\$ _____  Click for Memo Itemization Type

Subtotal this page 300.00

Grand Total of all Schedules 1C (Complete on last page of Schedule) 300.00

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

Page 1 of 1