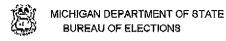
CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and c	I signed by andidate.	3. This Statement covers:	_{om} 1/1/2014	7/20/2014	 4
1. Committee I.D. Number	arraidato.	Candidate Last Name	First Na	ame	M.I.
C-2007-028		Briere	Sabra		C.
2. Committee Name		4a. Office Sought Including Di			·)
Sabra Briere for City Council		City counc	oil, that w	201 OC	
<u>-</u>		4b. County of Residence WA	SHTENAW		
5. Committee's Mailing Address 1418 Broadway		6. Treasurer's Name & Reside David Cahill	ential Address		
Ann Arbor, MI 48105		1418 Broadway			
		Ann Arbor, MI 48105	5		
, , , , , , , , , , , , , , , , , , , ,					
Area Code and Phone (734) 995-3518	illan				
If the address in this box is different from the comm mailing address on the Statement of Organization, be sent to this address by the filing official.	mail may	Area Code & Phone (734)	769-0753		
7. Treasurer's Business Address		8. Designated Record Keepe	r's Name and Mailing A	ddress (If the comr	nittaa has a
Same		Designated Record Keeper)	ro realis and maining re	adioos (ii tilo ooiiii	ilitoo iido d
				++ 15, 18%	A CONTRACTOR OF THE PROPERTY O
				SE _	
Area Code and Phone		Area Code and Phone			WAS!
9. TYPE OF STATEMENT	Required ON	ILY if candidate	9e.	☆	
9a. Pre-Election OR 9b. Post-Election	is not on the current year:		By checking this by the committee to the	item liWe certify an	ny outstanding debt or her spouse is here
Pre-Election or Post-Election Statement relates to:	<u></u>		by discharged and for the committee. The c	rgiven <u>an</u> ifino lon ge	r colle ctible from
Primary	July Quart	erly	owes no lates fees or		
General	October Q	uarterly	Further, if the dissoluti	ion cannot be gran	i —i ted. that⊀his be
Convention			considered a request t	for the Reporting to	faiver. 🔫
Special	9c	Statement ()		70	
School	LJAIRIUA	Coverage Year	Effective da	ate of dissolution	
Caucus	9d. Amen	dment to Campaign Statement			
_	indicat	lete Item 9a, 9b, 9c or 9e to e which Statement is being	Note: The disposition Schedule 1B and the		nust be reported on
	amend	ed.)	Schedule 15 and the	Summary Fage.	
Date of Election, Convention or Caucus					
10. Verification: I\We certify that all reasonable dilig			lent and attached sched	dules (if any) and to	the best of
my\our knowledge and belief the contents are true,	accurate and co	mplete.	0.00		
Current Treasurer or David Cahill Designated Record Keeper		, Laure	Cablel.	July 2	1, 2014
Type or Print Name		Signature		Dale	
Sabra C. Briere		, Jalla (Diere	July 2	1, 2014
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

CANDIDATE COMMITTEE		
RECEIPTS	Columh I This Period	Column II Cumulative this election cycle
3. Contributions		Outhandire the diodion of old
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 0.00	
b. Uniternized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	0.00
c. Subtotal of "Contributions"	(30.) \$ 0.00	(18.) \$ 0.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ 0.00	(19.) \$ 0.00
6. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 0.00	(20.) \$ 0.00
IN-KIND CONTRIBUTIONS & EXPENDITURES	0.00	0.00
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ 0.00	(21.) \$ 0.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ 0.00	(22.) \$ 0.00
EXPENDITURES		
8. Expenditures	F00.00	
a. Itemized (Schedule 18, Column 6)	(8a.) \$ <u>500.00</u>	
b. Itemized Get-Out-the-Vote (Schedule 18-G)	(8b.) \$ 0.00·	ľ
c. Unitemized (less than \$50,01 each - no Schedule)	(8c.) \$ 0.00	500.00
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$ 870.00	
b. Unitemized (less than \$60.01 each - no Schedule)	(10b.)\$ 0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ 870.00	(24.) \$ 870.00
DEBTS AND OBLIGATIONS 12. Debts and Obligations		(4.1)
a, Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	(12b.)\$ 0.00	
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add Ilinea 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	BALANCE STATEMENT 7262.98 (14.) + \$ 0.00 7262.98 (15.) = \$ 1370.00 (17.) \$ 5892.98	



SCHEDULE 1B CANDIDATE COMMITTEE

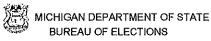
C-2007-028

1, Committee I. D. Number

Sabra Briere for Council **CANDIDATE COMMITTEE** 2. Committee Name 3. Name and address of person or vendor to whom paid 4. Purpose (Required Information) 5. Date 6. Amount Expenditure #1 1/27/14 Name Sabra Briere for Mayor \$ 500.00 Purpose: Transfer of under Date Address 1418 Broadway Click Here for Memo Itemization Type Ann Arbor, MI 48104 Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser statement Expenditure #2 Name Date Address Purpose: Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser statement Expenditure #3 Address Purpose: _ Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser statement Expenditure #4 Name Date Address Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser statement Expenditure #5 Name Address Purpose: Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser statement \$500.00 Subtotal this page Grand Total of all Schedules 1B \$500.00 (Complete on last page of Schedule)

> Enter this total on line 8a of Summary Page

1 1 Page of



INCIDENTAL OFFICE EXPENSE DISBURSEMENTS SCHEDULE 1C CANDIDATE COMMITTEE

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

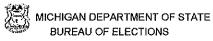
Sabra Briere for City Council

(For use by officeholders 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 Name & Address: Skyline Friends of the Arts Piano Fund 2552 N. Maple Ann Arbor, MI 48103	Purpose Help purchase piano	1/25/14 Date Click for Memo Ite	\$50.00
Check box if this disbursement is payment of debt or obligation reported on previous statement Disbursement # 2 Name & Address: Jim Toy Community Center 319 Braun Ct. Ann Arbor, MI 48104	Purpose Equality Cabaret tickets	2/13/14 Date Click for Memo Iter	125.00 \$
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement CodeFund Raiser		
Disbursement # 3 Name & Address: Veronique Liem for Circuit Judge P. O. Box 7512 Ann Arbor, MI 48107	Purpose Fundraiser ticket	2/25/14 Date	_{\$} 100.00
		Click for Memo Iten	nization Type
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code		
Disbursement # 4 Name & Address: Ann Arbor Democratic Party % Hedieh Briggs 2676 Chateau Ct. Ann Arbor, MI 48103	Purpose Fundraiser tickets	2/26/14 Date Click for Memo Item	_ \$
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement CodeFund Raiser		
		Subtotal this page	\$350.00
	Grand Tota (Complete on la	of all Schedules 1C st page of Schedule)	

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



INCIDENTAL OFFICE EXPENSE DISBURSEMENTS SCHEDULE 1C CANDIDATE COMMITTEE

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

(For use by officeholders only)

2. Committee

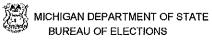
Sabra Briere for City Council
2. Committee Name

(i or doo b) ornoonolaara arriy			
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: Andy LaBarre for Washtenaw	Fundraiser tickets	2/27/14	_s 100.00
2411 Meadowridge Ct.		Date	\$
Ann Arbor, MI 48105			
		Click for Memo Item	ization Type
	Disbursement Code		
Check box if this disbursement is payment of debt or obligation	Fund Raiser		
reported on previous statement	Fullu Kalsel		
Disbursement #2 Name & Address:	Purpose		400.00
Tracy Van den Bergh for Judge	Fundraiser tickets	3/4/14	\$100.00
P. O. Box 3679		Date	
Ann Arbor, MI 48106			
·		Click for Memo Item	ization Type
	Disbursement Code		
Check box if this disbursement is payment of debt or obligation reported on previous statement	Fund Raiser		
Disbursement # 3	Purpose		
Name & Address:	Headline lunch	3/10/14	₂ 40.00
Ann Arbor/Ypsilanti Regional Chamber 115 W. Huron, 3rd Floor	-	Date	Ψ
Ann Arbor, MI 48104			
Alli Alboi, Wil 40104		Click for Memo Itemi	zation Type
Check box if this disbursement is payment of debt or obligation	Disbursement Code		
reported on previous statement	Fund Raiser		
Disbursement # 4 Name & Address:	Purpose	0/04/44	100.00
Marks Schauer for Governor		3/24/14	. \$
P. O. Box 100		Date	
Battle Creek, MI 49016		Click for Memo Itemi	zation Type
	Disbursement Code		
Check box if this disbursement is payment of debt or obligation reported on previous statement	Fund Raiser		1
10poiles on provious statement	Fulld Raisel		
		Subtotal this page	\$340.00
	Grand Total (Complete on la:	l of all Schedules 1C st page of Schedule)	
		·	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



INCIDENTAL OFFICE EXPENSE DISBURSEMENTS SCHEDULE 1C CANDIDATE COMMITTEE

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

(For use by officeholders only)

Sabra Briere for City Council
2. Committee Name

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 Name & Address: Uim Toy Community Center 319 Braun Ct. Ann Arbor, MI 48104	Purpose Fundraiser ticket	4/7/14 Date Click for Memo Ite	s <u>↓రం, రి</u> ం mization Type
Check box if this disbursement is payment of debt or obligation reported on previous statement Disbursement #2	Disbursement CodeFund Raiser		
Name & Address: Ann Arbor/Ypsilanti Regional Chamber 115 W. Huron, 3rd Floor Ann Arbor, MI 48104	Purpose Headline lunch	4/28/14 Date	\$30.00
	Sixture are set 0 at	Click for Memo Iter	nizalion Type
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement CodeFund Raiser		
Disbursement # 3 Name & Address: Citizens for Yousef Rabhi 612 N. Main St.	Purpose Fundraiser tickets	4/30/14 Date	\$50.00
Ann Arbor, MI 48104		Click for Memo Iten	nization Type
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code		
Disbursement # 4 Name & Address:	Purpose		\$
		Date Click for Memo Iten	nization Type
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code		
		Subtotal this page	\$180.00
	Grand Tota (Complete on la	al of all Schedules 1C ast page of Schedule)	\$870.00

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