



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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 <u>7/21/2014</u> to <u>10/20/14</u>	
1. Committee I.D. Number C-2007-028	4. Candidate Last Name Briere First Name Sabra M.I. C.
2. Committee Name Sabra Briere for City Council	4a. Office Sought Including District # or Community Served (If applicable) Ann Arbor City Council, First Ward
5. Committee's Mailing Address 1418 Broadway Ann Arbor, MI 48105	4b. County of Residence WASHTENAW
Area Code and Phone (734) 995-3518 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.	6. Treasurer's Name & Residential Address David Cahill 1418 Broadway Ann Arbor, MI 48105
7. Treasurer's Business Address Same	8. Designated Record Keeper's Name and Mailing Address (If the committee has Designated Record Keeper)
Area Code and Phone _____	Area Code & Phone (734) 769-0753

FILED
WASHTENAW COUNTY, MI
2014 OCT 24 AM 12:12
LAWRENCE KESTER
COUNTY CLERK/REGISTRAR

9. TYPE OF STATEMENT		9e.
9a. <input type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election	Required ONLY if candidate is not on the ballot for the current year:	<input type="checkbox"/> By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is hereby discharged and forgiven and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.
Pre-Election or Post-Election Statement relates to:	<input type="checkbox"/> July Quarterly	Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> October Quarterly	Effective date of dissolution _____
<input type="checkbox"/> General	9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year	Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.
<input type="checkbox"/> Convention	9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)	
<input type="checkbox"/> Special		
<input type="checkbox"/> School		
<input type="checkbox"/> Caucus		
Date of Election, Convention or Caucus _____		

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 Type or Print Name	<i>David Cahill</i> Signature	Date 10/24/14
Candidate Sabra C. Briere Type or Print Name	<i>Sabra C. Briere</i> Signature	Date 10/24/14



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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

2. Committee Name Sabra Briere for City Council

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>0.00</u>	(18.) \$ <u>0.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>0.00</u>	(20.) \$ <u>0.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-K, Column 7)	(6.) \$ <u>50.00</u>	(21.) \$ <u>50.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>5028.00</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>5028.00</u>	(23.) \$ <u>5528.00</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>100.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>100.00</u>	(24.) \$ <u>970.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>5892.98</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>0.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>5892.98</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>5128.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>764.98</u>	



MICHIGAN DEPARTMENT OF STATE
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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

C-2007-028

1. Committee I. D. Number _____
2. Committee Name Sabra Briere for City Council

3. Name and address of person or vendor to whom paid	4. Purpose (Required information)	5. Date	6. Amount
Expenditure #1 Name Sabra Briere for Mayor Address 1418 Broadway Ann Arbor, MI 48105 <input type="checkbox"/> Fund Raiser	Purpose: <u>Transfer of unexpended funds</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/25/14</u> Date	\$ <u>5000.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name PNC Bank Address 2901 Plymouth Rd. Ann Arbor, MI 48105 <input type="checkbox"/> Fund Raiser	Purpose: <u>Bank charge</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/2/14</u> Date	\$ <u>14.00</u> Click Here for Memo Itemization Type
Expenditure #3 Name PNC Bank Address 2901 Plymouth Rd. Ann Arbor, MI 48105 <input type="checkbox"/> Fund Raiser	Purpose: <u>Bank charge</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/1/14</u> Date	\$ <u>14.00</u> Click Here for Memo Itemization Type
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	\$ _____ Click Here for Memo Itemization Type
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	\$ _____ Click Here for Memo Itemization Type
Subtotal this page			\$5028.00
Grand Total of all Schedules 1B (Complete on last page of Schedule)			\$5028.00

Enter this total on line 8a of Summary Page



MICHIGAN DEPARTMENT OF STATE
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

C-2007-028

1. Committee I. D. Number

Sabra Briere for City Council

CANDIDATE COMMITTEE

2. Committee Name

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box)	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
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Contribution # 1	PAC Receipt? <input type="checkbox"/> Yes	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan		
Name & Address: Democratic State Central Comm. 606 Townsend Lansing, MI 48933		<input type="checkbox"/> Goods Donated or Loaned <input checked="" type="checkbox"/> Services Donated	\$ 50.00	\$ 50.00
If over \$100.00 cumulative, please provide: Occupation:		<input type="checkbox"/> Goods or Services Purchased by Candidate or Others		
Employer Name & Business Address:		<input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN		
		Description <u>Voter file access</u>		
		5. Date Of Receipt: _____		
		6. Vendor Name & Address:		

[Click Here for Memo Itemization](#)

Fund Raiser Contribution

Contribution # 2	PAC Receipt? <input type="checkbox"/> Yes	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan		
Name & Address:		<input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated	\$ _____	\$ _____
If over \$100.00 cumulative, please provide: Occupation:		<input type="checkbox"/> Goods or Services Purchased by Candidate or Others		
Employer Name & Address:		<input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN		
		Description _____		
		5. Date Of Receipt: _____		
		6. Vendor Name & Address:		

[Click Here for Memo Itemization](#)

Fund Raiser Contribution

Contribution #3	PAC Receipt? <input type="checkbox"/> Yes	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan		
Name & Address:		<input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated	\$ _____	\$ _____
If over \$100.00 cumulative, please provide: Occupation:		<input type="checkbox"/> Goods or Services Purchased by Candidate or Others		
Employer Name & Address:		<input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN		
		Description _____		
		5. Date Of Receipt: _____		
		6. Vendor Name & Address:		

[Click Here for Memo Itemization](#)

Fund Raiser Contribution

	Page Subtotal	\$50.00
Grand Total of all Schedules 1-IK (Complete on last page of Schedule)		\$50.00

Enter this total
on line 6 of Summary
Page



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**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 Briere 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: Ann Arbor Democratic Party P. O. Box 7497 Ann Arbor, MI 48106	Purpose Program book advertising	Date 9/1/14	\$ 100.00
Click for Memo Itemization Type			
<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		
Disbursement # 2 Name & Address:	Purpose _____	Date _____	\$ _____
Click for Memo Itemization Type			
<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		
Disbursement # 3 Name & Address:	Purpose _____	Date _____	\$ _____
Click for Memo Itemization Type			
<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		
Disbursement # 4 Name & Address:	Purpose _____	Date _____	\$ _____
Click for Memo Itemization Type			
<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		
Subtotal this page			\$100.00
Grand Total of all Schedules 1C (Complete on last page of Schedule)			\$100.00

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