



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: 7/20/15 to 8/24/15

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

2. Committee Name  
**Sabra Briere for City Council**

4. Candidate Last Name **Briere** First Name **Sabra** M.I. **C.**

4a. Office Sought Including District # or Community Served (If applicable)  
**Ann Arbor City Council, Ward 1**

4b. County of Residence **WASHTENAW**

5. Committee's Mailing Address  
**1418 Broadway  
Ann Arbor, MI 48105**

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**

Area Code & Phone **(734) 769-0753**

7. Treasurer's Business Address  
**Same**

Area Code and Phone \_\_\_\_\_

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Area Code and Phone \_\_\_\_\_

9. TYPE OF STATEMENT

9a.  Pre-Election OR 9b.  Post-Election

Pre-Election or Post-Election Statement relates to:

Primary  
 General  
 Convention  
 Special  
 School  
 Caucus

Date of Election, Convention or Caucus  
**August 4, 2015**

Required ONLY if candidate is not on the ballot for the current year:

July Quarterly  
 October Quarterly

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.  By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no later fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution \_\_\_\_\_

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

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 **8/27/2015**

Candidate **Sabra C. Briere** Signature *Sabra C. Briere* Date **8/27/2015**

FILED  
WASHTENAW COUNTY, MI  
2015 AUG 28 A 11:20  
LAWRENCE KESTENBACH  
COUNTY CLERK/REGISTRAR



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
<b>3. Contributions</b>		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>1265.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>1265.00</u>	(16.) \$ <u>8540.00</u>
<b>4. Other Receipts (Schedule 1A -1, Column 6)</b>	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>1265.00</u>	(20.) \$ <u>8540.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
<b>6. In-Kind Contributions (Schedule 1-IK, Column 7)</b>	(6.) \$ <u>14.82</u>	(21.) \$ <u>14.82</u>
<b>7. In-Kind Expenditures (Schedule 1B-IK, Column 6)</b>	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
<b>EXPENDITURES</b>		
<b>8. Expenditures</b>		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>2533.99</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>	
<b>9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)</b>	(9.) \$ <u>2533.99</u>	(23.) \$ <u>5783.50</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
<b>10. Disbursements</b>		
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>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ <u>100.00</u>	(24.) \$ <u>100.00</u>
<b>DEBTS AND OBLIGATIONS</b>		
<b>12. Debts and Obligations</b>		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
<b>BALANCE STATEMENT</b>		
<b>13. Ending Balance of last report filed</b> (Enter zero if no previous reports have been filed.)	(13.) \$ <u>4,790.47</u>	
<b>14. Amount received during reporting period</b> (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>1,265.00</u>	
<b>15. SUBTOTAL Add lines 13 and 14</b>	(15.) = \$ <u>6055.47</u>	
<b>16. Amount expended during reporting period</b> (Add lines 9 and 11)	(16.) - \$ <u>2633.99</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>3421.48</u>	

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>7/22/15</u> Name & Address: <b>Ken Clein &amp; Colleen Crawley</b> 1331 Culver Ann Arbor, MI 48103		25.00 \$ _____	25.00 \$ _____
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		Click Here for Memo Itemization	
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>7/27/15</u> Name & Address: <b>Ann Schriber</b> 2116 Dorset Rd. Ann Arbor, MI 48104		100.00 \$ _____	100.00 \$ _____
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		Click Here for Memo Itemization	
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>7/27/15</u> Name & Address: <b>Nora Lee Wright</b> 221 Felch St. Suite 4 Ann Arbor, MI 48103		100.00 \$ _____	100.00 \$ _____
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		Click Here for Memo Itemization	
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>7/30/15</u> Name & Address: <b>Brian Pinkelman</b> 1308 Culver Ann Arbor, MI 48103		25.00 \$ _____	25.00 \$ _____
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		Click Here for Memo Itemization	

Page Subtotal \$250.00

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

Enter this total on  
line 3a of Summary  
Page.

CANDIDATE COMMITTEE

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 <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>7/31/15</u> Name & Address: <b>Daniel M. Kaplan</b> 3085 Charing Cross Ann Arbor, MI 48108  5. If over \$100.00 cumulative, please provide: Occupation <u>Manager</u> Employer <u>Varsity Management</u> Business Address <u>625 Church St., Ann Arbor, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>500.00</u>	\$ <u>500.00</u>  <a href="#">Click Here for Memo Itemization</a>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/31/15</u> Name & Address: <b>Fred Zwas</b> 22722 Ponchartrain Southfield, MI 48034  5. If over \$100.00 cumulative, please provide: Occupation <u>Manager</u> Employer <u>Varsity Management</u> Business Address <u>625 Church St., Ann Arbor, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>500.00</u>	\$ <u>500.00</u>  <a href="#">Click Here for Memo Itemization</a>
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8/1/15</u> Name & Address: <b>Ruth Mohr &amp; David Owens</b> 2608 Traver Blvd. Ann Arbor, MI 48105  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	\$ <u>15.00</u>	\$ <u>15.00</u>  <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

\$1015.00

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

\$1265.00

Enter this total on line 3a of Summary Page.

**CANDIDATE COMMITTEE**

**David Diers 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 20136 Ecorse Rd. Taylor, MI 48180  <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/20/15</u> Date	<u>\$ 951.53</u>  Click Here for Memo Itemization Type
Expenditure #2 Name <b>Messenger Printing Service</b>  Address 20136 Ecorse Rd. Taylor, MI 48180  <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/24/15</u> Date	<u>\$ 1041.83</u>  Click Here for Memo Itemization Type
Expenditure #3 Name <b>Messenger Printing Service</b>  Address 20136 Ecorse Rd. Taylor, MI 48180  <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/27/15</u> Date	<u>\$ 164.83</u>  Click Here for Memo Itemization Type
Expenditure #4 Name <b>Steve Kwasny</b>  Address 7650 Tharp Dr. Whitmore Lake, MI 48189  <input type="checkbox"/> Fund Raiser	Purpose: <u>Canvassing</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/29/15</u> Date	<u>\$ 120.00</u>  Click Here for Memo Itemization Type
Expenditure #5 Name <b>Joseph Chapman</b>  Address 622 N. Adams Ypsilanti, MI 48197  <input type="checkbox"/> Fund Raiser	Purpose: <u>Sign work</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/5/15</u> Date	<u>\$ 90.00</u>  Click Here for Memo Itemization Type

Subtotal this page

**\$2368.19**

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

Enter this total  
on line 8a of  
Summary Page

**SCHEDULE 1B  
CANDIDATE COMMITTEE**

**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>Hunter Muirhead</b>  Address <b>6832 Seven Mile Rd. South Lyon, MI 48178</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Sign work</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/5/15</u> Date	<u>\$ 90.00</u>
Expenditure #2 Name <b>Rose Van Alsborg</b>  Address <b>217 W. Madison St. Ann Arbor, MI 48103</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Canvassing</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/6/15</u> Date	<u>\$ 20.00</u>
Expenditure #3 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>8/4/15</u> Date	<u>\$ 20.66</u>
Expenditure #4 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>8/8/15</u> Date	<u>\$ 48.64</u>
Expenditure #5 Name <b>Rite Aid</b>  Address <b>2781 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>8/8/15</u> Date	<u>\$ 45.21</u>

Subtotal this page **\$159.85**

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

Enter this total on line 8a of Summary Page

**SCHEDULE 1B  
CANDIDATE COMMITTEE**

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>University of Michigan Credit Union</b>  Address <b>P. O. Box 7850 Ann Arbor, MI 48107</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Bank charges</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/1/15</u> Date	<u>\$ 1.00</u>
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>7/2015</u> Date	<u>\$ 4.95</u>
Expenditure #3 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	\$ _____
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	\$ _____
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	\$ _____

Subtotal this page **\$5.95**

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

**\$2533.99**

Enter this total on line 8a of Summary Page

**SCHEDULE 1C  
CANDIDATE COMMITTEE**

(For use by officeholders only)

1. Committee I. D. Number \_\_\_\_\_  
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: Gretchen Driskell for Congress P. O. Box 464 Saline, MI 48176	Purpose Fundraiser ticket	Date 8/11/15	\$ 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	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	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	Purpose _____ Date _____ \$ _____ Click for Memo Itemization Type	

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



SCHEDULE 1-IK  
CANDIDATE COMMITTEE

1. Committee I. D. Number

Sabra Briere for City Council

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) 5. Date of Receipt	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
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Contribution # 1 PAC Receipt?  Yes

Name & Address:  
Christopher Taylor  
1505 Brooklyn  
Ann Arbor, MI 48104

If over \$100.00 cumulative, please provide:  
Occupation:  
Employer Name & Business Address:

4.  Endorsement or Guarantee of Bank Loan  
 Goods Donated or Loaned  Services Donated \$ 14.82 \$ 14.82  
 Goods or Services Purchased by Candidate or Others  
 Goods or Services Purchased by Candidate or Others- LOAN  
Description Advertisement  
5. Date Of Receipt: 8/2/15  
6. Vendor Name & Address:  
VerticalResponse  
50 Beale St. 10th Floor  
San Francisco, CA 94105  
Click Here for Memo Itemization

Fund Raiser Contribution

Contribution # 2 PAC Receipt?  Yes

Name & Address:

If over \$100.00 cumulative, please provide:  
Occupation:  
Employer Name & Address:

4.  Endorsement or Guarantee of Bank Loan  
 Goods Donated or Loaned  Services Donated \$ \$  
 Goods or Services Purchased by Candidate or Others  
 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?  Yes

Name & Address:

If over \$100.00 cumulative, please provide:  
Occupation:  
Employer Name & Address:

4.  Endorsement or Guarantee of Bank Loan  
 Goods Donated or Loaned  Services Donated \$ \$  
 Goods or Services Purchased by Candidate or Others  
 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	\$14.82	\$14.82
Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	\$14.82	

Enter this total on line 8 of Summary Page