



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.

1. Committee I.D. Number C-2007-028		3. This Statement covers From: 10/19/15 to 11/23/15	
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 <small>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.</small>		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. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus Date of Election, Convention or Caucus 11/3/2015		Required ONLY if candidate is not on the ballot for the current year: <input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly 9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)	
		9e. <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 here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no lates 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 Type or Print Name		 Signature Date 12/3/15	
Candidate Sabra C. Briere Type or Print Name		 Signature Date 12/3/15	

FILED
 WASHTEENAW COUNTY, MI
 2015 DEC - 3 AM 11:58
 LAWRENCE KESTER BAUM
 COUNTY CLERK REGISTER



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>50.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>50.00</u>	(18.) \$ <u>8590.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>50.00</u>	(20.) \$ <u>8590.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>14.82</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>638.38</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>638.38</u>	(23.) \$ <u>6523.88</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>75.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>75.00</u>	(24.) \$ <u>275.00</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>3219.48</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>50.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>3269.48</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>713.38</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>2556.10</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2007-028
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>10/19/15</u> Name & Address: <u>Audrey Wojtkowiak</u> <u>523 Longshore Apt. B</u> <u>Ann Arbor, MI 48105</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	\$ <u>50.00</u>	\$ <u>100.00</u> Click Here for Memo Itemization
3. Contribution #2 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	\$ _____	\$ _____ Click Here for Memo Itemization
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	\$ _____	\$ _____ Click Here for Memo Itemization
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	\$ _____	\$ _____ Click Here for Memo Itemization

Page Subtotal	\$50.00
Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$50.00

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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 PayPal Address 2211 N. First St. San Jose, CA 95131 <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>10/19/15</u> Date	<u>\$ 1.75</u>
Expenditure #2 Name Messenger Printing Service Address 20136 Ecorse Rd. Taylor, MI 48180-1957 <input type="checkbox"/> Fund Raiser	Purpose: <u>Print door hangers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/23/15</u> Date	<u>\$ 355.63</u>
Expenditure #3 Name University of Michigan Credit Union Address P.O. Box 7850 Ann Arbor, MI 48107 <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>11/1/15</u> Date	<u>\$ 1.00</u>
Expenditure #4 Name Andrei Pop Address 3065 Belvedere St. Ann Arbor, MI 48108 <input type="checkbox"/> Fund Raiser	Purpose: <u>Hang door hangers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/2/15</u> Date	<u>\$ 40.00</u>
Expenditure #5 Name Colin MacDougall Address 24431 Boston Dearborn, MI 48124 <input type="checkbox"/> Fund Raiser	Purpose: <u>Hang door hangers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/2/15</u> Date	<u>\$ 40.00</u>

Subtotal this page **\$438.38**

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 Steve Kwasny Address 914 Dewey St. #2 Ann Arbor, MI 48104 <input type="checkbox"/> Fund Raiser	Purpose: <u>Hang door hangers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/2/15</u> Date	<u>\$ 40.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name Joe Chapman Address 622 N. Adams St. #1 Ypsilanti, MI 48197 <input type="checkbox"/> Fund Raiser	Purpose: <u>Hang door hangers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/2/15</u> Date	<u>\$ 40.00</u> Click Here for Memo Itemization Type
Expenditure #3 Name Rosie Van Alsburg Address 217 W. Madison St. Ann Arbor, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>Hang door hangers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/2/15</u> Date	<u>\$ 40.00</u> Click Here for Memo Itemization Type
Expenditure #4 Name Nermean Hammad Address 4890 Shellbark Dr. Ypsilanti, MI 48197 <input type="checkbox"/> Fund Raiser	Purpose: <u>Hang door hangers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/2/15</u> Date	<u>\$ 40.00</u> Click Here for Memo Itemization Type
Expenditure #5 Name Bella Pense Address 3249 Potomac Ct. Ann Arbor, MI 48108 <input type="checkbox"/> Fund Raiser	Purpose: <u>Hang door hangers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/2/15</u> Date	<u>\$ 40.00</u> Click Here for Memo Itemization Type

Subtotal this page **\$200.00**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$638.38**

Enter this total on line 8a of Summary Page



MICHIGAN DEPARTMENT OF STATE
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**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 1525 Harding Rd. Ann Arbor, MI 48104	Purpose Fundraiser ticket	11/16/5 Date	\$ 75.00
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement			
Disbursement Code _____ <input checked="" type="checkbox"/> Fund Raiser			
Disbursement # 2 Name & Address:	Purpose _____	_____ Date	\$ _____
<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	\$ _____
<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	\$ _____
<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 **\$75.00**

Grand Total of all Schedules 1C
(Complete on last page of Schedule) **\$75.00**

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