



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: 7/21/16 to 10/20/16

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  
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 \_\_\_\_\_

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 late 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 **10/24/16**

Candidate **Sabra C. Briere** Signature *Sabra C. Briere* Date **10/24/16**

FILED  
OCT 24 P 1:25  
WASHTENAW COUNTY, MI



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>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>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>0.00</u>	(20.) \$ <u>0.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-K, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>0.00</u>
7. In-Kind Expenditures (Schedule 1B-1K, Column 6)	(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>3.00</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>	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>3.00</u>	(23.) \$ <u>11.00</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
<b>10. Disbursements</b>		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>222.99</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>222.99</u>	(24.) \$ <u>653.47</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>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>2117.62</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>2117.62</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>225.99</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>1891.63</u>	



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**ITEMIZED EXPENDITURES**

**C-2007-028**

**SCHEDULE 1B  
CANDIDATE COMMITTEE**

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 <u>University of Michigan Credit Union</u>  Address <u>P. O. Box 7850</u> <u>Ann Arbor, MI 48107</u>  <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>8-10/16</u> Date	<u>\$ 3.00</u>
Expenditure #2 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 #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 **\$3.00**

Grand Total of all Schedules 1B  
(Complete on last page of Schedule) **\$3.00**

Enter this total  
on line 8a of  
Summary Page



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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 \_\_\_\_\_

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: Amazon.com 410 Terry Ave. North Seattle, WA 98109  <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>Purchase of book on deer</u>  Disbursement Code _____ <input type="checkbox"/> Fund Raiser	<u>8/11/16</u> Date Click for Memo Itemization Type	<u>\$ 22.99</u>
Disbursement # 2 Name & Address: Committee to Elect Anna Zinkel 1488 Kirkland Drive Ann Arbor, MI 48103  <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>Fundraiser tickets</u>  Disbursement Code _____ <input type="checkbox"/> Fund Raiser	<u>9/13/16</u> Date Click for Memo Itemization Type	<u>\$ 100.00</u>
Disbursement # 3 Name & Address: Ann Arbor Historical Foundation P. O. Box 7973 Ann Arbor, MI 48107  <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>Donation</u>  Disbursement Code _____ <input type="checkbox"/> Fund Raiser	<u>9/15/16</u> Date Click for Memo Itemization Type	<u>\$ 100.00</u>
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			<b>\$222.99</b>
Grand Total of all Schedules 1C (Complete on last page of Schedule)			<b>\$222.99</b>

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