



**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: 7/21/17 to 10/20/17

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

2. Committee Name
Sabra Briere for City Council

4. Candidate Last Name **Sabra** First Name **Briere** 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
**2125 Orchard St.
Santa Rosa, CA 95404**

Area Code and Phone **(734) 277-6578**

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
2125 Orchard St.
Santa Rosa, CA 95404**

Area Code & Phone **(707) 321-5042**

7. Treasurer's Business Address
Same

Area Code and Phone _____

8. Designated Record keeper's Name and Mailing Address (if the committee has 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**
Type or Print Name Signature *David Cahill* Date **10/21/17**

Candidate **Sabra C. Briere**
Type or Print Name Signature *Sabra Briere* Date **10/21/17**

FILED
 WASHTENAW COUNTY, MI
 2017 OCT 23 A 8:50
 LARREN E. KESTER, CLERK



**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 <u>Washtenaw County Clerk/Register</u> Address <u>200 N. Main St., Suite 120</u> <u>Ann Arbor, MI 48107</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Late filing fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/11/17</u> Date	<u>\$ 25.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name <u>Redwood Credit Union Commun. Fund</u> Address <u>P. O. Box 6104</u> <u>Santa Rosa, CA 95406</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>North Bay Fire Relief</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/17</u> Date	<u>\$ 200.00</u> Click Here for Memo Itemization Type
Expenditure #3 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>8-10/17</u> Date	<u>\$ 3.00</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 **\$228.00**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$228.00**

Enter this total
on line 8a of
Summary Page