



**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>09/22/11</u> to <u>12/31/11</u>	
1. Committee I.D. Number C-2011-040	4. Candidate Last Name <u>LaBarre</u> First Name <u>Andrew</u> M.I. <u>R</u>
2. Committee Name Andy LaBarre for Washtenaw	4a. Office Sought Including District # or Community Served (if applicable) County Commissioner District 7
5. Committee's Mailing Address 2411 Meadowridge Ct. Ann Arbor, MI 48105 Area Code and Phone <u>(734) 945-1298</u> <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>	4b. County of Residence <u>Washtenaw</u>
7. Treasurer's Business Address 101 S. Huron St. Ypsilanti, MI 48197 Area Code and Phone <u>(734) 485-8730</u>	6. Treasurer's Name & Residential Address Ellen Offen 1911 Boulder Dr. Ann Arbor, MI 48104 Area Code & Phone <u>(734) 417-7239</u>
	8. Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper) None Area Code and Phone _____

9. TYPE OF STATEMENT	
9a. <input checked="" type="checkbox"/> Pre-Election	OR 9b. <input type="checkbox"/> Post-Election
Pre-Election or Post-Election Statement relates to:	
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Convention	<input type="checkbox"/> School
<input type="checkbox"/> Special	<input type="checkbox"/> Caucus
Date of Election, Convention or Caucus <u>8/27/2011 8/7/2012</u>	
9c. <input checked="" type="checkbox"/> Annual Statement (<u>2011</u> Coverage Year)	
9d. <input checked="" type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)	
9e. <input type="checkbox"/> Dissolution of Candidate Committee	
Effective Date of Dissolution _____	
By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.	
Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. **If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.**

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	Ellen Offen Type or Print Name	<i>Ellen Offen</i> Signature	Date <u>4/25/12</u>
Candidate	Andrew LaBarre Type or Print Name	<i>Andrew LaBarre</i> Signature	Date <u>4/25/12</u>



1. Committee I.D. Number C-2011-040

2. Committee Name Andy LaBarre for Washtenaw

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ _____	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ _____	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ _____	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>83.⁴/₁₀</u>	(21.) \$ <u>83.⁴/₁₀</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ _____	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ _____	(23.) \$ _____
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ _____	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>5440.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>83.40</u>	
	(15.) = \$ <u>5523.40</u>	
15. SUBTOTAL Add lines 13 and 14		
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>0</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>5523.40</u> *	



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number C-2011-040

CANDIDATE COMMITTEE

2. Committee Name Andy LaBarre for Washtenaw

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)
	5. Date of Receipt		

Contribution # 1 Name & Address: Adam Zemke 628 N. Fourth Ave. Ann Arbor, MI If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: SC3Inc.17515West9MileRd. Southfield,MI48075	PAC Receipt? <input type="checkbox"/> Yes	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Website set-up</u>	\$ <u>83.40</u>	\$ <u>133.40</u>
<input type="checkbox"/> Fund Raiser Contribution	5. Date Of Receipt: <u>09/22/11</u>	6. Vendor Name & Address: Blue Host Inc. 1958 South 950 East Provo Utah 4606	Click Here for Memo Itemization	

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

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

Page Subtotal **\$83.40**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **83.40**

Enter this total
on line 6 of Summary
Page