



**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: 7/23/12 to 8/27/12

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

2. Committee Name
Andy LaBarre for Washtenaw

4. Candidate Last Name **LaBarre** First Name **Andrew** M.I. **R**

4a. Office Sought Including District # or Community Served (If applicable)
Washtenaw County Commissioner District 7

4b. County of Residence **Washtenaw**

5. Committee's Mailing Address
**2411 Meadowridge Ct.
Ann Arbor, MI 48105**

Area Code and Phone (734) 945-1298
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
**Ellen Offen
1911 Boulder
Ann Arbor, MI 48105**

Area Code & Phone (734) 417-7239

7. Treasurer's Business Address
**101 S. Huron St.
Ypsilanti, MI 48197**

Area Code and Phone _____

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. Pre-Election OR 9b. Post-Election

Pre-Election or Post-Election Statement relates to:

Primary General
 Convention School
 Special Caucus

Date of Election, Convention or Caucus
~~8/7/12~~ **8/7/12**

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. 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.**

0. 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** Signature Date 9/10/12

Candidate **Andrew LaBarre** Signature Date 9/9/12



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

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Andy LaBarre for Washtenaw

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>2,050.00</u>	
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.) \$ <u>\$2,050.00</u>	(20.) \$ <u>\$28,510.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$0.00</u>	(21.) \$ <u>\$0.00</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>\$3,958.85</u>	
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.) \$ <u>\$3,958.85</u>	(23.) \$ <u>\$28,424.23</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>\$0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>\$0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>\$0.00</u>	(24.) \$ <u>\$0.00</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>\$1,994.62</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$2,050.00</u>	
	(15.) = \$ <u>\$4,044.62</u>	
15. SUBTOTAL. Add lines 13 and 14		
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$3,958.85</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$85.77</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2011-040
2. Committee Name Andy LaBarre for Wash

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)
<u>08/02/12</u>		

3. Contribution # 1
Name & Address
Andy LaBarre
2411 Meadowridge Ct.
Ann Arbor, MI 48105

4. Date of Receipt 08/02/12
6. Amount \$ 750.00
7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 1750.00

5. If over \$100.00 cumulative, please provide:
Occupation VP Gov. Relations Employer A2Y Chamber
Business Address 115 W. Huron St. 3rd Floor Ann Arbor, MI 48104
Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 2
Name & Address
Newcombe Clark
113 W. Liberty
Ann Arbor, MI 48104

4. Date of Receipt 08/03/12
6. Amount \$ 100.00
7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 100.00

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 3
Name & Address
Ironworkers Local 25
P.O. Box 965
25150 Trans X Dr. Novi, MI 48376

4. Date of Receipt 08/03/12
6. Amount \$ 100.00
7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 100.00

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 4
Name & Address
Lois Gehring
1200 Earhart Rd., Apt. 550
Ann Arbor, MI 48105

4. Date of Receipt 08/06/12
6. Amount \$ 25.00
7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 25.00

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

Page Subtotal 975.00
Grand Total of All Schedules 1A (Complete on last page of Schedule) ~~975.00~~

Enter this total on line 3a of Summary Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2011-040
2. Committee Name Andy LaBare for Washtenaw

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.

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/23/12

Name & Address:
Joe Malcoun
1516 Morton Ave.
Ann Arbor, MI 48104

6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

\$ 75.00 \$ 75.00

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/24/12

Name & Address:
Cindy Schwartz
1620 Belvedere Blvd.
Silver Spring, MD 20902

6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

\$ 500.00 \$ 500.00

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)

Occupation Consultant Employer Self Employed

Business Address 1620 Belvedere Blvd. Silver Spring, MD 20902

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 08/08/12

Name & Address:
UAW Region 1-A
9650 Telegraph Rd.
Taylor, MI 48180

6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

\$ 500.00 \$ 500.00

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt _____

Name & Address: _____

6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

\$ _____ \$ _____

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal \$1,075.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule) \$2,050.00

Enter this total on line 3a of Summary Page.

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2011-040
2. Committee Name Andy LaBarre for Washtenaw

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Messenger Printing Address 20136 ecorse Rd. Taylor, MI 48180 <input type="checkbox"/> Fund Raiser	Purpose: <u>Literature Printing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/01/12</u> Date	<u>\$ 1630.19</u>
Expenditure #2 Name Messenger Printing Address 20136 ecorse Rd. Taylor, MI 48180 <input type="checkbox"/> Fund Raiser	Purpose: <u>Hanger Printing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/02/12</u> Date	<u>\$ 683.17</u>
Expenditure #3 Name Lauren Coffman Address 306 E. Madison Ann Arbor, MI 48104 <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign work</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/02/12</u> Date	<u>\$ 300.00</u>
Expenditure #4 Name Papa John's Address 401 E. Huron St. Ann Arbor, MI 48104 <input type="checkbox"/> Fund Raiser	Purpose: <u>Pizza</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/02/12</u> Date	<u>\$ 34.33</u>
Expenditure #5 Name Messenger Printing Address 20136 Ecorse Rd. Taylor, MI 48180 <input type="checkbox"/> Fund Raiser	Purpose: <u>Literature Printing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/03/12</u> Date	<u>\$ 391.67</u>

Subtotal this page 2672.36 \$3039.36

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

1. Committee I. D. Number C-2011-040
2. Committee Name Andy LaBarre for Washtenaw

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Heidelberg</u> Address <u>215 N. Main St. Ann Arbor, MI 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Election night gathering</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/7/12</u> Date	<u>\$ 150.00</u>
Expenditure #2 Name <u>Dana Sherry</u> Address <u>539 South Fifth St., Apt. #3 Ann Arbor, MI 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign work</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/9/12</u> Date	<u>\$ 100.00</u>
Expenditure #3 Name <u>Kelvin Boddie</u> Address <u>1831 N. Mozart, #2 Chicago, IL 60647</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign work</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/9/12</u> Date	<u>\$ 100.00</u>
Expenditure #4 Name <u>Robert Bowen</u> Address <u>519 Harmon St. Birmingham, MI 48009</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign Work</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/9/12</u> Date	<u>\$ 100.00</u>
Expenditure #5 Name <u>Kevin Mersol-Berg</u> Address <u>621. Ana St. Ann Arbor, MI 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign Work</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/9/12</u> Date	<u>\$ 100.00</u>

Subtotal this page 600.00

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**

1. Committee I. D. Number C-2011-040
2. Committee Name Andy Labarre for Washtenaw

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>John D'Adamo</u> Address <u>536 S. Forest Ave., #809 Ann Arbor, MI 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign work</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/8/12</u> Date	<u>\$ 25.00</u>
Expenditure #2 Name <u>Keenan Pontoni</u> Address <u>530 N. Fifth Ave., Apt. B Ann Arbor, MI 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign manager</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/8/12</u> Date	<u>\$ 250.00</u>
Expenditure #3 Name <u>Donation Pages</u> Address <u>1101 Pennsylvania Ave., NW Washington, DC 20004</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>online donation processing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	<u>\$ 44.49</u>
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 319.49
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total on line 8a of Summary Page