



**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: 10/22/12 to 11/26/12

<p>1. Committee I.D. Number <u>C-2011-040</u></p> <p>2. Committee Name <u>Andy LaBarre for Washtenaw</u></p>	<p>4. Candidate Last Name <u>LaBarre</u> First Name <u>Andy</u> M.I. _____</p> <p>4a. Office Sought Including District # or Community Served (if applicable) <u>County Commissioner, District 7</u></p> <p>4b. County of Residence <u>Washtenaw</u></p>
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<p>5. Committee's Mailing Address <u>2411 Meadowridge Ct. Ann Arbor, MI 48105</u></p> <p>Area Code and Phone <u>(734) 945-1298</u></p> <p><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></p>	<p>6. Treasurer's Name & Residential Address <u>Ellen Offen 1911 Boulder Ann Arbor, MI 48105</u></p> <p>Area Code & Phone _____</p>
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<p>7. Treasurer's Business Address <u>101 S. Huron St. Ypsilanti, MI 48197</u></p> <p>Area Code and Phone _____</p>	<p>8. Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper) <u>None</u></p> <p>Area Code and Phone _____</p>
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COUNTY CLERK
 2012 DEC - 6 PM 1:10
 WASHTENAW COUNTY MI

<p>9. TYPE OF STATEMENT</p> <p>9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Convention <input type="checkbox"/> School</p> <p><input type="checkbox"/> Special <input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus <u>November 6th, 2012</u></p>	<p>9c. <input type="checkbox"/> Annual Statement (_____ Coverage Year)</p> <p>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)</p> <p>9e. <input type="checkbox"/> Dissolution of Candidate Committee</p> <p>Effective Date of Dissolution _____</p> <p><small>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 the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.</small></p> <p><small>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</small></p>
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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.

<p>Current Treasurer or Designated Record keeper <u>Ellen Offen</u> Type or Print Name</p>	<p><u>Ellen Offen</u> Signature</p>	<p>Date <u>12/10/12</u></p>
<p>Candidate <u>Andrew LaBarre</u> Type or Print Name</p>	<p><u>Andrew LaBarre</u> Signature</p>	<p>Date <u>12/4/12</u></p>



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

2. Committee Name LaBoire 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.) \$ <u>400.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>400.00</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0</u>	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>400.00</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-JK, Column 7)	(6.) \$ <u>0</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0</u>	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>69.00</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>69.00</u>	(23.) \$ _____
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0</u>	(24.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>141.77</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>400.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>541.77</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>69.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>472.77</u>	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2011-040
2. Committee Name LaBarre 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 <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>10/26/2012</u> Name & Address: <u>IBEW Local 252 PAC Fund</u> <u>7920 Jackson Rd. Ste. A</u> <u>Ann Arbor, MI 48103</u>	\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: <div style="text-align: right;">Click Here for Memo Itemization</div>		
Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/14/2012</u> Name & Address: <u>Elmer White</u> <u>3144 Bolgas Cr.</u> <u>Ann Arbor, MI 48105</u>	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: <div style="text-align: right;">Click Here for Memo Itemization</div>		
Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: _____	\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: <div style="text-align: right;">Click Here for Memo Itemization</div>		
Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: _____	\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: <div style="text-align: right;">Click Here for Memo Itemization</div>		
Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal 400.00
 Grand Total of All Schedules 1A 400.00
 (Complete on last page of Schedule)

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 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>Ann Arbor NAACP</u> Address <u>P.O. Box 3399 Ann Arbor, MI 48106</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Freedom Fund ticket</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/26</u> Date	<u>\$ 35.00</u>
Expenditure #2 Name <u>Steve Pontoni</u> Address <u>3082 Lakeview Dr. Ann Arbor, MI 48103</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Elec. night celebration</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/7/12</u> Date	<u>\$ 25.00</u>
Expenditure #3 Name <u>Bank of Ann Arbor</u> Address <u>125 S. Fifth Ave. Ann Arbor, MI 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Bank fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/13</u> Date	<u>\$ 9.00</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 69.00

Grand Total of all Schedules 1B
(Complete on last page of Schedule) 69.00

Enter this total
on line 8a of
Summary Page