



**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: 1/1/2013 to 12/31/2013

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

2. Committee Name  
Andy LaBarre for Washtenaw

4. Candidate Last Name LaBarre First Name Andy M.I. \_\_\_\_\_

4a. Office Sought Including District # or Community Served (If applicable)  
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 \_\_\_\_\_

7. Treasurer's Business Address  
Retired

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 \_\_\_\_\_

FILED  
 WASHTEENAW COUNTY, MI  
 2014 JAN 27 P 1:09  
 LAWRENCE KESTENBAUM  
 COUNTY CLERK/REGISTRAR

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 \_\_\_\_\_

9c.  Annual Statement (2013 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.

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  
 Signature [Signature] Date \_\_\_\_\_

Candidate Andrew LaBarre Type or Print Name  
 Signature [Signature] Date 1/1/14



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

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

	Column I This Period	Column II Cumulative this election cycle
<b>RECEIPTS</b>		
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>750.00</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.) \$ _____
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>750.00</u>	(20.) \$ <u>750.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ _____	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>647.87</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>647.87</u>	(23.) \$ <u>647.87</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ _____
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ _____	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>472.77</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>750.00</u>	
	(15.) = \$ <u>1222.77</u>	
15. SUBTOTAL Add lines 13 and 14		
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>647.87</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>574.90</u>	



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2011-040  
2. Committee Name Andy 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 type="checkbox"/> YES      4. Date of Receipt <u>06/30/13</u> Name & Address: <u>Andy LaBarre</u> <u>2411 Meadowridge Ct.</u> <u>Ann Arbor, MI 48105</u>	\$ <u>250</u>	\$ <u>250</u>
5. If over \$100.00 cumulative, please provide: <span style="float: right;"><a href="#">Click Here for Memo Itemization</a></span> Occupation <u>VP</u> Employer <u>A2Y Chamber</u> Business Address <u>115 W. Huron St. 3rd Fl. Ann Arbor, MI 4814</u> 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>11/15/13</u> Name & Address: <u>Brian LaBarre</u> <u>111 Sheffield</u> <u>Saline, MI 48176</u>	\$ <u>500</u>	\$ <u>500</u>
5. If over \$100.00 cumulative, please provide: <span style="float: right;"><a href="#">Click Here for Memo Itemization</a></span> Occupation <u>Retired</u> 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: <span style="float: right;"><a href="#">Click Here for Memo Itemization</a></span> 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: <span style="float: right;"><a href="#">Click Here for Memo Itemization</a></span> 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 **\$750.00**

Grand Total of All Schedules 1A  
(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 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>National Center for Transgender Equality</u>  Address <u>2115 Winchell Dr.</u> <u>Ann Arbor, MI 48104</u>  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser Host Fee</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/10/13</u> Date	<u>\$ 50</u>
Expenditure #2 Name <u>Ann Arbor Dems</u>  Address <u>P.O. Box 7497</u> <u>Ann Arbor, MI 48106</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Refreshments for meeting</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/09/13</u> Date	<u>\$ 75</u>
Expenditure #3 Name <u>Ann Arbor Dems</u>  Address <u>P.O. Box 7497</u> <u>Ann Arbor, MI 48106</u>  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Chilli Cook-off ticket</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/05/13</u> Date	<u>\$ 30</u>
Expenditure #4 Name <u>A2Y Chamber</u>  Address <u>115 W. Huron St. 3rd Floor</u> <u>Ann Arbor, MI 48104</u>  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Golf outing ticket</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/04/13</u> Date	<u>\$ 185</u>
Expenditure #5 Name <u>Ann Arbor Jaycees</u>  Address <u>P.O. Box 1866</u> <u>Ann Arbor, MI 48106</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>FoJ Parade fee</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/30/13</u> Date	<u>\$ 25</u>

Subtotal this page **\$365.00**

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 <b>Dingell for Congress</b>  Address 19855 W. Outer Dr. Suite 103 A-E Dearborn, MI 48124  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>ticket</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/13/13</u> Date	<u>\$ 40</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #2 Name <b>Adam Zemke</b>  Address 120 1/2 E. Washington St. Ann Arbor, MI 48104  <input type="checkbox"/> Fund Raiser	Purpose: <u>website</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/09/13</u> Date	<u>\$ 134.87</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #3 Name <b>Bank of Ann Arbor</b>  Address 125 S. Fifth Ave. Ann Arbor, MI 48104  <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>01/08/13</u> Date	<u>\$ 9</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #4 Name <b>Bank of Ann Arbor</b>  Address 125 S. Fifth Ave. Ann Arbor, MI 48104  <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>02/12/13</u> Date	<u>\$ 9</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #5 Name <b>Bank of Ann Arbor</b>  Address 125 S. Fifth Ave. Ann Arbor, MI 48104  <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>03/12/14</u> Date	<u>\$ 9</u>  <a href="#">Click Here for Memo Itemization Type</a>

Subtotal this page **\$201.87**

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 <b>Bank of Ann Arbor</b>  Address 125 S. Fifth Ave. Ann Arbor, MI 48104  <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>04/09/13</u> Date	<u>\$ 9</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #2 Name <b>Bank of Ann Arbor</b>  Address 125 S. Fifth Ave. Ann Arbor, MI 48104  <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>05/14/13</u> Date	<u>\$ 9</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #3 Name <b>Bank of Ann Arbor</b>  Address 125 S. Fifth Ave. Ann Arbor, MI 48104  <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>06/11/13</u> Date	<u>\$ 9</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #4 Name <b>Bank of Ann Arbor</b>  Address 125 S. Fifth Ave. Ann Arbor, MI 48104  <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>07/09/13</u> Date	<u>\$ 9</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #5 Name <b>Bank of Ann Arbor</b>  Address 125 S. Fifth Ave. Ann Arbor, MI 48104  <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>08/13/13</u> Date	<u>\$ 9</u>  <a href="#">Click Here for Memo Itemization Type</a>

Subtotal this page **\$45.00**

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 <b>Bank of Ann Arbor</b>  Address 125 S. Fifth Ave. Ann Arbor, MI 48104  <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>09/10/13</u> Date	<u>\$ 9</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #2 Name <b>Bank of Ann Arbor</b>  Address 125 S. Fifth Ave. Ann Arbor, MI 48104  <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>10/08/13</u> Date	<u>\$ 9</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #3 Name <b>Bank of Ann Arbor</b>  Address 125 S. Fifth Ave. Ann Arbor, MI 48104  <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>11/12/13</u> Date	<u>\$ 9</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #4 Name <b>Bank of Ann Arbor</b>  Address 125 S. Fifth Ave. Ann Arbor, MI 48104  <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>12/10/13</u> Date	<u>\$ 9</u>  <a href="#">Click Here for Memo Itemization Type</a>
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	\$ _____  <a href="#">Click Here for Memo Itemization Type</a>

Subtotal this page **\$36.00**

Grand Total of all Schedules 1B  
(Complete on last page of Schedule) **\$647.87**

Enter this total  
on line 8a of  
Summary Page