



**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 10/20/14 to 11/24/14

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)
Board of Commissioners, 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 Dr.
A², MI 48104
Area Code & Phone (734) 417-7239

FILED
WASHTENAW COUNTY, MI
2014 DEC -3 P 2:00
LAURENCE KESTER
COUNTY CLERK/REGISTRAR

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 _____

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
11/4/2014

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. Dissolution of Candidate Committee
 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 Ellen Offen Type or Print Name Ellen Offen Signature Date 12/3/14
Candidate Andrew LaBarre Type or Print Name Andrew LaBarre Signature Date 12/3/14



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>500.00</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.) \$ _____	(20.) \$ <u>7828.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ _____	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>65.00</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.) \$ _____	(23.) \$ <u>4098.39</u>
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>3767.38</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>500.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>4267.38</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>65.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>4202.38</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 all contributions regardless of amount.

3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/30/14</u>	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Name & Address: David Pugh 193 Senlac Hills Dr. Chagrin Falls, OH 44022			\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Doctor</u> Employer <u>University Hospitals</u>			Click Here for Memo Itemization	
Business Address <u>18599 Lakeshore Blvd. UH Euclid Health Center Ste 200 Euclid, OH 44119</u>				
Type of Contribution: <input checked="" 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 _____		
Name & Address			\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____			Click Here for Memo Itemization	
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: Occupation _____ Employer _____			Click Here for Memo Itemization	
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: Occupation _____ Employer _____			Click Here for Memo Itemization	
Business Address _____				
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser				

Page Subtotal	<u>500.00</u>
Grand Total of All Schedules 1A (Complete on last page of Schedule)	<u>500.00</u>

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>Ypsilanti-Willow Run NAACP</u> Address <u>301 W. Michigan Ave.</u> <u>Ypsilanti, MI 48197</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Freedom Fund Dinner Ticket</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/25/14</u> Date	<u>\$ 65.00</u>
Expenditure #2 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 #3 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 #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	\$65.00
Grand Total of all Schedules 1B (Complete on last page of Schedule)	\$65.00

Enter this total
on line 8a of
Summary Page