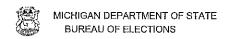
## CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

COVER PAGE						
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		Candidate Last Name First Name M.I.				
C-2011-040		LaBarre				
2. Committee Name		4a. Office Sought Including District # or Community Served (If applicable)  Board of Commissioners, Branch 7				
Andy LaBarre for Wal	Menaw	4b. County of Residence Was Initer and A				
5. Committee's Mailing Address	*	6. Treasurer's Name & Residential Address				
244 Meadowrldge Ct. An Arbor, MI 48105		Ellen Offen				
AnArbor, MI 48105		6. Treasurer's Name & Residential Address  Ellen Often  1911 Bowlder Dr.  1810 4				
(734) 945-1298		A2 MI 48104 5 5 5				
Area Code and Phone If the address in this box is different from the committee		TO SO TO SE				
malling address on the Statement of Organization, mail may be sent to this address by the filing official.		Area Code & Phone (734) 417-7239 2				
7. Treasurer's Business Address		8. Designated Record Keeper's Name and Malling Address (If the commune has a Designated Record Keeper)				
Retired		None				
		/				
·						
Area Code and Phone	<u></u>	Area Code and Phone	9e. Dissolution of Candidate Committee			
9. TYPE OF STATEMENT		NLY if candidate				
9a. Pre-Election OR 9b. Post-Election	is not on the current year.	ballot for the	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 lates fees or has any outstanding debt.			
Pre-Election or Post-Election Statement relates to:	July Quar	lerly				
Primary	October C	)uarterly				
General		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.			
Convention	9c. r-1 .					
Special School	Annua Annua	al Statement () Coverage Year	Effective date of dissolution			
Caucus		idment to Campaign Statement				
Caucus	indica	plete Item 9a, 9b, 9c or 9e to ite which Statement is being	Note: The disposition of residual funds must be reported on			
	amen	ded.)	Schedule 1B and the Summary Page.			
Date of Election, Convention or Caucus						
11/4/2011						
10. Verification: I\We certify that all reasonable diligenty\u00e4our knowledge and belief the contents are true,	ence was used accura <u>te a</u> nd c	in the preparation of this statem omplete.	ent and attached schedules (if any) and to the best of			
Current Treasurer or	Offer.	a Mona Alla	M/ 17/2/14			
Designated Record Keeper Type or Print Name	<u> </u>	Signature	Date 2			
Adaila	Zacci		Man intalist			
Candidate The av Print Name	WVI I	Signature C	Date 143			
Type or Print Name		Signature	į "			

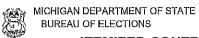


1. Committee I.D. Number C-2011-040

## SUMMARY PAGE CANDIDATE COMMITTEE

### 2. Committee Name Andy LaBarre for Washtenaw

RECEIPTS	Column I This Period	Column II
3. Contributions		Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 500,00	
b. Uniternized (less than \$20.01 each - no Schedule)	(3b.) \$NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	/10 \ ¢
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	(20.)\$ 7828,00
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.) \$(65.00	
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.)\$ 4098.39
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)  11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(10b.) \$	
DEBTS AND OBLIGATIONS	(11.) \$	(24.) \$
12. Debts and Obligations		:
a. Owed <b>by</b> the Committee (Schedule 1E)	(12a.) \$	
b. Owed <b>to</b> the Committee (Schedule 1E)	(12b.) \$	
	BALANCE STATEMENT ,	
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ 3767.38	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.)+\$ 500.00	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ 4267.38	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$65.00	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 4202.38	*
·	•	



#### **ITEMIZED CONTRIBUTIONS SCHEDULE 1A**

#### **CANDIDATE COMMITTEE**

Page.

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 recelpt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/30/14 Name & Address: David Pugh		
193 Senlac Hills Dr. Chagrin Falls, OH 44022	,500.00	¸500.00
	\$	\$
5. If over \$100.00 cumulative, please provide:  Occupation Doctor Employer University Hospitals	Click Here fo	or Memo Itemization
40500 Laterahana Blod LBL Could Lable Coulos Dis 200 Fuelid Old 44440		
Dusi less Address		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address		
	\$	\$
	,	
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt Name & Address:		
	\$	\$ ·
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		
	\$	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		World Romazation
Durbona Address		,
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	5 ላላ እን	
	500.00	-
Grand Total of All Schedules 1A (Complete on last page of Schedule)	So 0.60 Enter this total on	_
$I \cdot I$	line 3a of Summary	•



# ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number <u>C-2</u>011-040

2. Committee Name Andy LaBarre for Washtenaw

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount	
Expenditure #1	1	<del></del>	4L-L	
Name Ypsilanti-Willow Run NAACP		10/25/14	\$ 65.00	
Address	Burnose: Fredom Fund Dinner Ticket	Date	* 00.00	
301 W. Michigan Ave.	Purpose: Tredom tand biliner moket			
Ypsilanti, MI 48197	Click Here for Memo Itemization Type			
• • • • • • • • • • • • • • • • • • •	Check box if this expenditure is payment of			
Fund Raiser	debt or obligation reported on previous statement			
Expenditure #2	Olderheim			
Name				
		Data	\$	
Address	Purpose:	Date		
	Clinte II	lara far Manna	Homelinetin - Time	
	Click H	ere for Memo	Itemization Type	
	Check box if this expenditure is payment of	,		
Fund Raiser	debt or obligation reported on previous statement			
Expenditure #3				
Name				
			\$	
Address	Purpose:	Date		
	Click H.	ore for Memo	Itemization Type	
•		ore for wichie i	ternizadori Type	
Fund Raiser	LICheck box if this expenditure is payment of debt or obligation reported on previous			
<u> </u>	statement			
Expenditure #4			-	
Name				
Address	· ·	Date	\$	
· ·	Purpose:			
•	Click H	ere for Memo	Itemization Type	
	Check box if this expenditure is payment of		,,	
Fund Raiser	debt or obligation reported on previous			
	statement			
Expenditure #5				
Name				
Address	Purnose	Date	\$	
•	Purpose:		, and the second	
•	Click Here for Memo Itemization Type			
	Check box if this expenditure is payment of debt or obligation reported on previous			
Fund Raiser	statement			
	Subtot	al this page	\$65.00	
	Grand Total of all S		\$65.00	
	(Complete ол last page	of Schedule)	ψυσισσ	

Enter this total on line 8a of Summary Page

Page 1 of 1