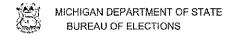


CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

| Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and o | d signed by andidate. | 3. This Statement covers From | ^{n:} 07/21/15 | to 10/20/15 | } | |
|--|--|---|--|---------------------|------------------|-----------------|
| 1. Committee I.D. Number | | 4. Candidate Last Name | First I | Vame | M.I. | |
| C-2011-040 | | LaBarre | Andrew | | R | |
| | | 4a. Office Sought Including Dis | strict # or Community | Served (If applica | ble) | |
| 2. Committee Name | | Board Member - Local | | | | |
| Andy LaBarre for Washtenaw | | 4b. County of Residence WA | SHTENAW | | | |
| 5. Committee's Mailing Address 2411 Meadowridge Ct. Ann Arbor, MI 48105 | | 6. Treasurer's Name & Residential Address Ellen Offen 1911 Boulder Dr. Ann Arbor, MI 48104 | | WASHIEVAEL FILI | | |
| Area Code and Phone (734) 945-1298 If the address in this box is different from the committee malling address on the Statement of Organization, mall may be sent to this address by the filing official. | | Area Code & Phone (734) 4 | | ERK/ | · 🔪 - C | ויו ב |
| . Treasurer's Business Address Retired | | 8. Designated Record keeper's Name and Mailing Address (If the committee has Designated Record keeper) None | | | | |
| , | | None 25 | | | | |
| · | | | | | | |
| Area Code and Phone | | Area Code and Phone | | | | |
| 9. TYPE OF STATEMENT | Demiliard Ob | II V !5 | 9e. Dissolution of | Candidate Com | nittee | |
| 9a. Pre-Election OR 9b. Post-Election | Required ONLY if candidate is not on the ballot for the current year: | | By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here | | | |
| Pre-Election or Post-Election Statement relates to: | July Quart | ly | by discharged and forgiven, and no longer collectible from the committee. The committee has no oustanding assets, owes no lates fees or has any oustanding debt. | | | |
| Primary | X October C | uarterly | | | | |
| General | <u> </u> | • | Further, if the dissolutionsidered a reques | | | s be |
| Convention | | | | | | |
| Special | 9c. Annua | l Statement () Coverage Year | Effective d | late of dissolution | ı | |
| School | 9d. Amen | dment to Campaign Statement | | | _ | |
| Caucus | (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.) | | Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page. | | | |
| Date of Election, Convention or Caucus | | | | | | |
| • | | | | | | |
| | | | | | | |
| Verification: IWe certify that all reasonable dilig mylour knowledge and belief the contents are true, | ence was used accurate and co | In the preparation of this statem emplete: // | ent and attached sche | edules (if any) and | I to the best of | |
| Current Treasurer or Ellen Offen Designated Record keeper | | (Xllen) | llan | - Date 10/ | 25/2015 | : - |
| Type or Print Name | | Signature | OV) | | | |
| Candidate Andrew LaBarre | | · (whanto | Bine | Date10/ | 25/2015 |) —— |
| Type or Print Name | ì | Signature | | | | |



1. Committee I.D. Number <u>C-2011-04</u>0

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name Andy LaBarre for Washtenaw

| CANDIDATE COMMITTEE | | |
|--|----------------------------|--|
| RECEIPTS | Column I This Period | Column II Cumulative this election cycle |
| 3. Contributions | | Continuative tills election cycle |
| a. Itemized (Schedule 1A - Column 6) | (3a.) \$ 0.00 | _ |
| b. Unitemized (less than \$20.01 each - no Schedule) | (3b.) \$NOT APPLICABLE | _ |
| c. Subtotal of "Contributions" | (3c.) \$ \$ 0.00 | (18.) \$ \$0.00 |
| 4. Other Receipts (Schedule 1A -1, Column 6) | (4.) \$ \$0.00 | (19.) \$ \$0.00 |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c ≠ Line 4) | (5.) \$ \$0.00 | (20.) \$ \$50.00 |
| IN-KIND CONTRIBUTIONS & EXPENDITURES | | |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7) | (6.) \$ \$0.00 | (21.) \$ \$0.00 |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6) | (7.) \$ \$0.00 | (22.) \$ \$0.00 |
| EXPENDITURES | | |
| 8. Expenditures | | |
| a. Itemized (Schedule 1B, Column 6) | (8a.) \$ \$421.55 | - |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G) | (8b.) \$ \$0.00 | |
| c. Unitemized (less than \$50.01 each - no Schedule) | (8c.) \$ \$0.00 | _ |
| 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) | (9.) \$ \$421.55 | (23.) \$ \$1,486.40 |
| INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) | | |
| Disbursements a. Itemized (Schedule 1C, Column 6) | (10a.)\$ \$0.00 | |
| b. Unitemized (less than \$50.01 each - no Schedule) | (10b.)\$ \$0.00 | |
| 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) | (11.) \$ \$0.00 | - \$0.00 |
| DEBTS AND OBLIGATIONS 12. Debts and Obligations | (11.) \$ | (24.) \$ \$0.00 |
| a. Owed by the Committee (Schedule 1E) | (12a.)\$ <u>\$0.00</u> | _ |
| b. Owed to the Committee (Schedule 1E) | (12b.) \$ \$0.00 | |
| | BALANCE STATEMENT | - |
| Ending Balance of last report filed (Enter zero if no previous reports have been filed.) | (13.) \$ <u>\$3,187.53</u> | |
| 14. Amount received during reporting period | (14.) + \$ \$0.00 | |
| (Line 5, Total Contributions & Other Receipts) | (15.) = \$_\$3,187.53 | |
| 15. SUBTOTAL Add lines 13 and 14 | | <u> </u> |
| Amount expended during reporting period (Add lines 9 and 11) | (16.) - \$ \$421.55 | |
| 17. ENDING BALANCE | | |
| (Subtract line 16 from line 15) | (17.) \$ \$2,765.98 | a a constant of the constant o |



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 Washtenaw County Democratic Party | | 08/07/15 | \$ 100.00 | |
| Address | Purpose: Program Sponsorship | Date | · · · · · · · · · · · · · · · · · · · | |
| 2367 Baker Rd. | Click H | lete for Mome | Itomization Tuno | |
| Dexter, MI 48130 | Click Here for Memo Itemization Type | | | |
| ✓ Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | | |
| Expenditure #2 | | | | |
| Name Community Action Network | | 08/31/15 | \$ 150.00 | |
| Address | Purpose: Signage at golf outing | Date | | |
| 809 Taylor St. | | | | |
| Ann Arbor, MI 48105 | Click He | ere for Memo | Itemization Type | |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | | |
| Expenditure #3 | Statement | | <u> </u> | |
| Name Sage Payment Processing | | 09/02/15 | AD 40 | |
| Address | Purpose: Processing fees | Date | \$ <u>0.40</u> | |
| 12120 Sunset Hills Rd., Suite 500 | Purpose: | | | |
| Reston, VA 20190 | Click He | ere for Memo | Itemization Type | |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | | |
| Expenditure #4 | ororemetir | | | |
| Name NGP VAN | 0 | 9/02/15 | | |
| Address | _ | Date | \$ <u>135.00</u> | |
| 1101 15th St, NW | Purpose: Web, data, contribution services | | | |
| Washington, DC 20005 | Click He | re for Memo | Itemization Type | |
| Tracking to the Loop | | io toi menio | ignused out Type | |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | | |
| Expenditure #5 | | ······································ | · | |
| Name Go Daddy | | 0/00/45 | | |
| • | | 9/03/15 | \$1.00 | |
| Address 14455 N. Hayden Rd., #219 | Purpose; Website | Date | | |
| Scottsdale, AZ 85260 | Click Here for Memo Itemization Type | | | |
| | Check box if this expenditure is payment of | | | |
| Fund Raiser | debt or obligation reported on previous statement | | | |
| | | this page | \$206.40 | |
| | | | \$386.40 | |
| | Grand Total of all Sc (Complete on last page o | | | |
| | (complete of last bage o | , ocuednie) [| | |

Enter this total on line 8a of Summary Page



SCHEDULE 1B CANDIDATE COMMITTEE

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

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 | | | 90-1 |
| Name Go Daddy Operating Company, LLC | | 09/03/15 | \$ 5.99 |
| Address | Purpose: Website purchase | Date | |
| 14455 N. Hayden Rd., #219 | Click Here for Memo Itemization Type | | |
| Scottsdale, AZ 85260 | Click here for Memo itemization Type | | |
| | Check box if this expenditure is payment of debt or obligation reported on previous | | |
| Fund Raiser | statement | | |
| Expenditure #2 | | | |
| Name Go Daddy Operating Company, LLC | | 09/03/15 | \$ 13.17 |
| | Purpose: Website purchase | Date | |
| Address 14455 N. Hayden Rd., #219 | | | |
| Scottsdale, AZ 85260 | Click I | Here for Memo 1 | temization Type |
| 0001104410,712 0020 | Check box if this expenditure is payment of | · | |
| Fund Raiser | debt or obligation reported on previous statement | | |
| Expenditure #3 | | | |
| Name Bluehost | | 09/08/15 | 5 mm |
| Didenosc | 101-b book | Date | \$ <u>15.99</u> |
| Address | Purpose: Web host | Udio | |
| 560 Timpanogos Parkway Orem, UT 84097 | Click Here for Memo Itemization Type | | |
| Oten, 01 64097 | Check box if this expenditure is payment of | | |
| Fund Raiser | debt or obligation reported on previous statement | | |
| Expenditure #4 | Sidections | | |
| Name | | | |
| • | · | Date | \$ |
| Address | Purpose: | Date | |
| | Click | Hara for Momo I | temization Type |
| | | | rediversely Type |
| | Check box if this expenditure is payment of debt or obligation reported on previous | | |
| Fund Raiser | statement | | |
| Expenditure #5 | | | |
| .Name | | | • |
| Address | Purpose: | Date | \$ |
| | | 1 faun de - 3 f | Isaminasina Wyża |
| | Click Here for Memo Itemization Type | | |
| | debt or obligation reported on previous | | |
| Fund Raiser | statement | | AA |
| | Subt | otal this page | \$35.15 |
| | Grand Total of all | Schedules 1B | \$421.55 |

(Complete on last page of Schedule)

Enter this total on line 8a of Summary Page

2 of 2