



**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.

<p>1. Committee I.D. Number C-2011-040</p> <p>2. Committee Name Andy LaBarre for Washtenaw</p> <p>5. Committee's Mailing Address 2411 Meadowridge Ct. Ann Arbor, MI 48105</p> <p>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.</p> <p>7. Treasurer's Business Address None</p> <p>Area Code and Phone _____</p>		<p>3. This Statement covers From: 10/21/2015 to _____</p> <p>4. Candidate Last Name LaBarre First Name Andrew M.I. R</p> <p>4a. Office Sought Including District # or Community Served (If applicable) Board Member - Local</p> <p>4b. County of Residence WASHTENAW</p> <p>6. Treasurer's Name & Residential Address Ellen Offen 1911 Boulder Dr. Ann Arbor, MI 48104</p> <p>Area Code & Phone 734 417-7293</p> <p>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) None</p> <p>Area Code and Phone _____</p>	
<p>9. TYPE OF STATEMENT</p> <p>9a. <input type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus _____</p>		<p>Required ONLY if candidate is not on the ballot for the current year.</p> <p><input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly</p> <p>9c. <input checked="" type="checkbox"/> Annual Statement (2015) 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"/> 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.</p> <p>Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.</p> <p>Effective date of dissolution _____</p> <p>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>	
<p>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>			
<p>Current Treasurer or Designated Record keeper Ellen Offen</p> <p>Type or Print Name</p>		<p><i>Ellen Offen</i> Signature Date 1/28/2016</p>	
<p>Candidate Andrew LaBarre</p> <p>Type or Print Name</p>		<p><i>Andrew LaBarre</i> Signature Date 1/29/16</p>	

FILED
WASHTENAW COUNTY MI
FEB - 1 A 9:36
CLERK OF SUPERIOR COURT



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>0</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) \$ <u>0</u>	(20) \$ <u>50.00</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>536.97</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>536.97</u>	(23) \$ <u>2023.37</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>2765.98</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14) + \$ <u>0</u>	
15. SUBTOTAL Add lines 13 and 14	(15) = \$ <u>2765.98</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16) - \$ <u>536.97</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17) \$ <u>2229.01</u>	

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

C-2011-040

1. Committee I. D. Number

Andy LaBarre for Washtenaw

2. Committee Name

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name: Ann Arbor NAACP Address: P.O. Box 3399, Ann Arbor, MI 48106 <input checked="" type="checkbox"/> Fund Raiser	Purpose: Freedom Fund Dinner <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/25/15 Date	\$ 85.00
Expenditure #2 Name: HARC Address: 3075 W. Clark Rd., Ypsilanti, MI 48197 <input checked="" type="checkbox"/> Fund Raiser	Purpose: Wine Cellar Fundraiser <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/19/15 Date	\$ 100.00
Expenditure #3 Name: Washtenaw Democratic Party Address: 2367 Baker Rd., Dexter, MI 48130 <input checked="" type="checkbox"/> Fund Raiser	Purpose: WCDP Dinner Ad <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/7 Date	\$ 96.00
Expenditure #4 Name: Go Daddy Operating Company, LLC Address: 14455 N. Hayden Rd., #219, Scottsdale, AZ 85260 <input type="checkbox"/> Fund Raiser	Purpose: web host <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/2 Date	\$ 6.99
Expenditure #5 Name: Go Daddy Operating Company, LLC Address: 14455 N. Hayden Rd., #219, Scottsdale, AZ 85260 <input type="checkbox"/> Fund Raiser	Purpose: Web host <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/2 Date	\$ 6.99

Subtotal this page

294.98

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**

C-2011-040

1. Committee I. D. Number _____

Andy LaBarre for Washtenaw

2. Committee Name _____

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Go Daddy Operating Company Address 14455 N. Hayden Rd., #219 Scottsdale, AZ 85260 <input type="checkbox"/> Fund Raiser	Purpose: <u>web host</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/2/15</u> Date	\$ <u>6.99</u> Click Here for Memo Itemization Type
Expenditure #2 Name NGP VAN Address 1101 15th St., NW Washington, DC 2005 <input type="checkbox"/> Fund Raiser	Purpose: <u>web, data & contributi</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/2/15</u> Date	\$ <u>135.00</u> Click Here for Memo Itemization Type
Expenditure #3 Name Food Gatherers Address 1 Carrot Way Ann Arbor, MI 48105 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Rockin for the Hungry</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/7/15</u> Date	\$ <u>100.00</u> Click Here for Memo Itemization Type
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	\$ _____ Click Here for Memo Itemization Type
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	\$ _____ Click Here for Memo Itemization Type

Subtotal this page **241.99**

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

536.97

Enter this total on line 8a of Summary Page