



**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 <small>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.</small></p> <p>7. Treasurer's Business Address Retired</p> <p>Area Code and Phone _____</p>		<p>3. This Statement covers From: 7/18/2016 to 10/23/16</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 <input type="checkbox"/></p> <p>4b. County of Residence WASHTENAW <input type="checkbox"/></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>B. 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>Pfe-Election or Post-Election Statement relates to:</p> <p><input type="checkbox"/> Primary</p> <p><input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Convention</p> <p><input type="checkbox"/> Special</p> <p><input type="checkbox"/> School</p> <p><input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus 11/8/2016</p>		<p>Required ONLY if candidate is not on the ballot for the current year:</p> <p><input type="checkbox"/> July Quarterly</p> <p><input type="checkbox"/> October Quarterly</p> <p>9c. <input type="checkbox"/> Annual Statement (_____) 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. Dissolution of Candidate Committee</p> <p><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 lates 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 Type or Print Name</p> <p style="text-align: right;"><i>Ellen Offen</i> Signature Date 10/26/16</p> <p>Candidate Andrew LaBarre Type or Print Name</p> <p style="text-align: right;"><i>Andrew LaBarre</i> Signature Date 10/26/16</p>					

WASHTENAW COUNTY
 FILED
 2016 OCT 27
 MI



C-2011-040

1. Committee I.D. Number

Andy LaBarre for Washtenaw

2. Committee Name

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>200.00</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.) \$ <u>200.00</u>	(20.) \$ <u>1685.00</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>705.08</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>705.08</u>	(23.) \$ <u>1402.01</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>3017.08</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>200.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>3217.08</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>705.08</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>2512.00</u>	



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

C-2011-040

1. Committee I.D. Number

Andy LaBarre for Washtenaw

2. Committee Name

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)
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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 8/15/16

Name & Address:
Ellen Offen
1911 Boulder Dr.
Ann Arbor, MI 48104

6. Amount: \$ 100.00 7. Cumulative: \$ 100.00

5. If over \$100.00 cumulative, please provide:
Occupation Retired Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/22/16

Name & Address:
Washtenaw County Clerk
200 N. Main St.
Ann Arbor, MI 48107

6. Amount: \$ 100.00 7. Cumulative: \$ 100.00

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)
Filing fee refund check

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt _____

Name & Address: _____

6. Amount: \$ _____ 7. Cumulative: \$ _____

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt _____

Name & Address: _____

6. Amount: \$ _____ 7. Cumulative: \$ _____

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

Page Subtotal	<u>200.00</u>
Grand Total of All Schedules 1A (Complete on last page of Schedule)	<u>200.00</u>

Enter this total on line 3a of Summary Page

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

C-2011-040

1. Committee I. D. Number _____
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 Michigan House Democratic Fund Address P.O. Box 16193 Lansing, MI 48901 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Ann Arbor Fundraiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/29/16</u> Date	<u>100.00</u> \$ 100.00
Expenditure #2 Name GoDaddy.com Address 14455 N. Hayden Rd., #219 Scottsdale, AZ 85260 <input type="checkbox"/> Fund Raiser	Purpose: <u>Web Hosting</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/2/16</u> Date	<u>7.99</u> \$
Expenditure #3 Name GoDaddy.com Address 14455 N. Hayden Rd., #219 Scottsdale, AZ 85260 <input type="checkbox"/> Fund Raiser	Purpose: <u>Web Hosting</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/2/16</u> Date	<u>7.99</u> \$
Expenditure #4 Name NGP VAN Address 1101 15th St., NW Washington, DC 20005 <input type="checkbox"/> Fund Raiser	Purpose: <u>web/data/contributions</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/2/16</u> Date	<u>135.00</u> \$
Expenditure #5 Name GoDaddy.com Address 14455 N. Hayden Rd., #219 Scottsdale, AZ 85260 <input type="checkbox"/> Fund Raiser	Purpose: <u>Web Hosting</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/6/16</u> Date	<u>15.17</u> \$

Subtotal this page 266.15
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 _____

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>Bluehost Inc.</u> Address <u>560 Timpanogos Pkwy.</u> <u>Orem, UT 84097</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Domain Registration</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/8/16</u> Date	<u>\$ 15.99</u> Click Here for Memo Itemization Type
Expenditure #2 Name <u>GoDaddy.com</u> Address <u>14455 N. Hayden Rd., #219</u> <u>Scottsdale, AZ 85260</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Web Hosting</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/3/16</u> Date	<u>\$ 7.99</u> Click Here for Memo Itemization Type
Expenditure #3 Name <u>Sege Payment Processing</u> Address <u>12120 Sunset Hills Rd.</u> <u>Suite #500</u> <u>Reston, VA 20190</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Merchant Fees</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/3/16</u> Date	<u>\$ 94.75</u> Click Here for Memo Itemization Type
Expenditure #4 Name <u>Jim Toy Community Center</u> Address <u>319 Braun Ct.</u> <u>Ann Arbor, MI 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Outfest fundraiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/6/16</u> Date	<u>\$ 100.00</u> Click Here for Memo Itemization Type
Expenditure #5 Name <u>Ann Arbor Democratic Party</u> Address <u>P.O. Box 7497</u> <u>Ann Arbor, MI 48106</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Labor Day Picnic</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/5/16</u> Date	<u>\$ 100.00</u> Click Here for Memo Itemization Type

Subtotal this page 318.73

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 _____
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>Washtenaw County Democratic Party</u> Address <u>2367 Baker Rd.</u> <u>Dexter, MI 48130</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Voter Guide</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/29/16</u> Date	\$ <u>100.00</u>
Expenditure #2- Name <u>EMILY'S LIST</u> Address <u>1800 M St., NW</u> <u>Suite 375 N</u> <u>Washington, DC 20036</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Ann Arbor Fund Raiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/19/16</u> Date	\$ <u>20.20</u>
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 120.20

Grand Total of all Schedules 1B
(Complete on last page of Schedule) 705.08

Enter this total on line 8a of Summary Page