



**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: 8/28/18 to 10/21/18

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 Member - Local

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.
Ann Arbor, MI 48104**

Area Code & Phone **734 417-7293**

7. Treasurer's Business Address
None

Area Code and Phone **None**

8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)
None

Area Code and Phone **None**

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
November 6th 2018

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. 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.

FILED
 WASHTENAW COUNTY, MI
 2018 OCT 29 A 10:24
 LANGENBERG/REGISTER
 COUNTY CLERK

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** *Ellen Offen* Date **10/27/18**

Type or Print Name Signature

Candidate **Andrew LaBarre** *Andrew LaBarre* Date **10/27/18**

Type or Print Name Signature



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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

2. Committee Name Andy LaBarre for Washtenaw

**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>100.00</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>100.00</u>	(20.) \$ <u>4060.00</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>801.89</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>801.89</u>	(23.) \$ <u>5488.22</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>1606.43</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>100</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>1706.43</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>801.89</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>904.54</u>	



**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>Go Daddy</u> Address <u>14455 N. Hayden Rd. #219</u> <u>Scottsdale, AZ 85260</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Website</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/4/18</u> Date	<u>\$ 15.17</u> Click Here for Memo Itemization Type
Expenditure #2 Name <u>Go Daddy</u> Address <u>14455 N. Hayden Rd. #219</u> <u>Scottsdale, AZ 85260</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Website</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/4/18</u> Date	<u>\$ 7.99</u> Click Here for Memo Itemization Type
Expenditure #3 Name <u>Paya</u> Address <u>12120 Sunset Hills Rd., Suite 500</u> <u>Reston, VA 20190</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Bank processing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/4/18</u> Date	<u>\$ 2.50</u> Click Here for Memo Itemization Type
Expenditure #4 Name <u>NGP VAN</u> Address <u>1445 New York Ave. NW, Suite 200</u> <u>Washington, DC 20005</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>website data service</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/7/18</u> Date	<u>\$ 135.00</u> Click Here for Memo Itemization Type
Expenditure #5 Name <u>Bluehost</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>9/7/18</u> Date	<u>\$ 15.99</u> Click Here for Memo Itemization Type

Subtotal this page 176.65

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>NGP VAN</u> Address <u>1445 New York Ave. NW, Suite 200</u> <u>Washington, DC 20005</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>website data service</u> <i>NGP did not send Q1 invoice until Sept.</i> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/25/18</u> Date	<u>\$ 135.00</u>
Expenditure #2 Name <u>NGP VAN</u> Address <u>1445 New York Ave. NW, Suite 200</u> <u>Washington, DC 20005</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>website data service</u> <i>NGP did not send Q2 invoice until Sept.</i> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/25/18</u> Date	<u>\$ 135.00</u>
Expenditure #3 Name <u>Paya</u> Address <u>12120 Sunset Hills Rd., Suite 500</u> <u>Reston, VA 20190</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Bank processing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/1/18</u> Date	<u>\$ 97.25</u>
Expenditure #4 Name <u>Go Daddy</u> Address <u>14455 N. Hayden Rd. #219</u> <u>Scottsdale, AZ 85260</u> <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/2/18</u> Date	<u>\$ 7.99</u>
Expenditure #5 Name <u>Committee to elect Shannon Beeman</u> Address <u>P.O. Box 195</u> <u>Manchester, MI 48158</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>host fund raiser 10-9</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/9/18</u> Date	<u>\$ 250.00</u>

Subtotal this page **\$625.24**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$801.89**

Enter this total on line 8a of Summary Page



**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.

6. Amount

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 9/26/18
Name & Address:
Washtenaw County Clerk
200 N. Main St.
Ann Arbor, MI 48104

\$ 100.00

\$ 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](#)

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt _____
Name & Address _____

\$ _____ \$ _____

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 # 3 PAC Receipt? YES 4. Date of Receipt _____
Name & Address: _____

\$ _____ \$ _____

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 _____

\$ _____ \$ _____

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 **100.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

100.00

Enter this total on
line 3a of Summary
Page.

