



**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: 7/20/2019 to 10/20/2019

<p>1. Committee I.D. Number <b>C-2011-040</b></p> <p>2. Committee Name <b>Andy LaBarre for Washtenaw</b></p>	<p>4. Candidate Last Name <b>LaBarre</b> First Name <b>Andrew</b> M.I. <b>R</b></p> <p>4a. Office Sought Including District # or Community Served (If applicable) <b>Board Member - Local</b></p> <p>4b. County of Residence <b>WASHTENAW</b></p>
<p>5. Committee's Mailing Address <b>2411 Meadowridge Ct. Ann Arbor, MI 48105</b></p> <p>Area Code and Phone <u>(734) 945-1298</u> 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>6. Treasurer's Name &amp; Residential Address <b>Ellen Offen 1911 Bolder Dr. Ann Arbor, MI 48104</b></p> <p>Area Code &amp; Phone <u>(734) 417-7293</u></p>
<p>7. Treasurer's Business Address <b>None</b></p> <p>Area Code and Phone _____</p>	<p>8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) <b>None</b></p> <p>Area Code and Phone _____</p>

<p><b>9. TYPE OF STATEMENT</b></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 checked="" 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><b>9e. Dissolution of Candidate Committee</b></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, 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>
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LAURENCE ESTERLE  
 COUNTY CLERK/REGISTER  
 20 OCT 25 AM 11:31  
 FILED  
 WASHTENAW COUNTY, MI

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	<u>Ellen Offen</u>	<u><i>Ellen Offen</i></u>	Date	<u>10/25/2019</u>
	Type or Print Name	Signature		
Candidate	<u>Andrew LaBarre</u>	<u><i>Andrew LaBarre</i></u>	Date	<u>10/25/2019</u>
	Type or Print Name	Signature		



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>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.) \$ _____
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>100.00</u>	(20.) \$ _____
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ _____	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>157.42</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>157.42</u>	(23.) \$ _____
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ _____
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ _____	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>100.06</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>100.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>200.06</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>157.42</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>42.64</u>	



**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 <b>Paya</b> Address <b>12120 Sunset Hills Rd. Reston, VA 20190</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Online fees</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/2/2019</u> Date	<u>\$ 2.50</u>
Expenditure #2 Name <b>Bank of Ann Arbor</b> Address <b>125 S. Fifth Ave. Ann Arbor, MI 48104</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Balance fee</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/13/19</u> Date	<u>\$ 9.00</u>
Expenditure #3 Name <b>Go Daddy</b> Address <b>14455 N. Hayden Rd. #219 Scottsdale, AZ 85260</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Web Order</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/3/2019</u> Date	<u>\$ 18.17</u>
Expenditure #4 Name <b>Paya</b> Address <b>12120 Sunset Hills Rd. Reston, VA 20190</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Online fees</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/3/2019</u> Date	<u>\$ 2.50</u>
Expenditure #5 Name <b>Bank of Ann Arbor</b> Address <b>125 S. Fifth Ave. Ann Arbor, MI 48104</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Balance Fee</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/10/2019</u> Date	<u>\$ 9.00</u>

Subtotal this page **41.17**

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**

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 <b>Paya</b> Address 12120 Sunset Hills Rd. Reston, VA 20190  <input type="checkbox"/> Fund Raiser	Purpose: <u>Annual Fee</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/2/2019</u> Date	<u>\$ 97.25</u>
Expenditure #2 Name <b>Bank of Ann Arbor</b> Address 125 S. Fifth Ave. Ann Arbor, MI 48104  <input type="checkbox"/> Fund Raiser	Purpose: <u>NSF Fee</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/3/2019</u> Date	<u>\$ 10.00</u>
Expenditure #3 Name <b>Bank of Ann Arbor</b> Address 125 S. Fifth Ave. Ann Arbor, MI 48104  <input type="checkbox"/> Fund Raiser	Purpose: <u>Balance fee</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/8/2019</u> Date	<u>\$ 9.00</u>
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	116.25
Grand Total of all Schedules 1B (Complete on last page of Schedule)	157.42

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 <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/4/2019</u> Name & Address: <b>Andrew LaBarre</b> 2411 Meadowridge Ct. Ann Arbor, MI 48105	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____ Name & Address:	\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____ Name & Address:	\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____ Name & Address:	\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>

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.

