



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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 8/26/2014 to 12/31/2014

1. Committee I.D. Number
C-2014-003

2. Committee Name
Sabra Briere for Mayor

4. Candidate Last Name **Briere** First Name **Sabra** M.I. **C.**

4a. Office Sought Including District # or Community Served (if applicable)
Mayor of Ann Arbor

4b. County of Residence **WASHTENAW**

5. Committee's Mailing Address
**1418 Broadway
Ann Arbor, MI 48105**

Area Code and Phone **(734) 995-3518**

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
**David Cahill
1418 Broadway
Ann Arbor, MI 48105**

Area Code & Phone **(734) 769-0753**

7. Treasurer's Business Address
**1418 Broadway
Ann Arbor, MI 48105**

Area Code and Phone **(734) 769-0753**

8. Designated Record Keeper's Name and Mailing Address (if the committee has a Designated Record Keeper)

Area Code and Phone _____

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

Required ONLY if candidate is not on the ballot for the current year:

July Quarterly
 October Quarterly

9c. Annual Statement (2014) 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 lates 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.

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 **David Cahill** Signature *David Cahill* Date **1/28/2015**

Candidate **Sabra C. Briere** Signature *Sabra C. Briere* Date **1/28/2015**



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number C-2014-003

2. Committee Name Sabra Briere for Mayor

**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>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>0.00</u>	(18.) \$ <u>27,230.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>5,500.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>0.00</u>	(20.) \$ <u>32,730.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>2,615.42</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>34.00</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>75.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>109.00</u>	(23.) \$ <u>32,713.29</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$60.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>125.71</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>0.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>125.71</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>109.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>16.71</u>	



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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

C-2014-003

1. Committee I, D, Number _____
2. Committee Name Sabra Briere for Mayor

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name PNC Bank Address 2901 Plymouth Rd. Ann Arbor, MI 48105 <input type="checkbox"/> Fund Raiser	Purpose: Bank Charge <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	9/2/14 Date	\$ <u>17.00</u>
Expenditure #2 Name PNC Bank Address 2901 Plymouth Rd. Ann Arbor, MI 48105 <input type="checkbox"/> Fund Raiser	Purpose: Bank Charge <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/1/14 Date	\$ <u>17.00</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 Grand Total of all Schedules 1B (Complete on last page of Schedule)			34.00 34.00

Enter this total on line 8a of Summary Page



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EXPENDITURES FOR GET-OUT-THE VOTE ACTIVITIES
SCHEDULE 1 B - G
CANDIDATE COMMITTEE

1. Committee I.D. Number C-2014-003
2. Committee Name Sabra Briere for Mayor

USE THIS FORM TO REPORT EXPENDITURES MADE FOR ELECTION DAY BUSING OF VOTERS TO THE POLLS, FOR SLATE CARDS, CHALLENGERS, POLL WATCHERS, POLL WORKERS, AND GET-OUT-THE VOTE ACTIVITY. Describe the specific Get-Out-The -Vote activity in Item 4f. ALL EXPENDITURES ARE REQUIRED TO BE ITEMIZED

3. Name and address of person or vendor to whom the expenditure was made	4. Type of Activity	5. Date	6. Amount
Expenditure #1 Name & Address: Katherine Mann 6655 Jackson Rd., Lot 615 Ann Arbor, MI 48103	a. <input type="checkbox"/> Election Day Busing of Voters To The Polls b. <input type="checkbox"/> Slate Cards c. <input type="checkbox"/> Challengers d. <input type="checkbox"/> Poll Watchers e. <input type="checkbox"/> Poll Workers f. <input checked="" type="checkbox"/> Get-Out-The Vote Activity (Specify): <u>Canvassing</u>	<u>9/2/14</u> Date	\$ <u>75.00</u>
For Activity Type b-f, check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement			
If in support of, or in opposition to, a ballot proposal, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose			
Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____			
Expenditure #2 Name & Address:	a. <input type="checkbox"/> Election Day Busing of Voters To The Polls b. <input type="checkbox"/> Slate Cards c. <input type="checkbox"/> Challengers d. <input type="checkbox"/> Poll Watchers e. <input type="checkbox"/> Poll Workers f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify):	_____ Date	\$ _____
For Activity Type b-f, check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement			
If in support of, or in opposition to, a ballot proposal, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose			
Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____			
Expenditure #3 Name & Address:	a. <input type="checkbox"/> Election Day Busing of Voters To The Polls b. <input type="checkbox"/> Slate Cards c. <input type="checkbox"/> Challengers d. <input type="checkbox"/> Poll Watchers e. <input type="checkbox"/> Poll Workers f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify):	_____ Date	\$ _____
For Activity Type b-f, check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement			
If in support of, or in opposition to, a ballot proposal, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose			
Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____			

Subtotal this page **75.00**

Grand Total of all Schedules 1B-G) **75.00**
(Complete on last page of Schedule

Enter total on Line 8b Summary Page