

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in lnk er the treasurer (or designated record keeper) and	nd signed by candidate.	3. This Statement covers Fro	^{m:} 10/21/15	7/20/16		
1. Committee I.D. Number		4. Candidate Last Name	First			
C-2014-003		Briere	Sabra	Name M.I. C.		
			•	•		
2. Committee Name		4a. Office Sought Including D		•		
Sabra Briere for Mayor		Mayor of AnnArbor				
		4b. County of Residence W	SHTENAW			
5. Committee's Mailing Address 1418 Broadway		6. Tressurer's Name & Residential Address				
Ann Arbor, MI 48105		David Cahill				
Milit Alboi, Wil 46 105		1418 Broadway				
		Ann Arbor, MI 4810	5			
(70.1) 005.0540						
Area Code end Phone (734) 995-3518						
If the address in this box is different from the comm	nittee					
mailing address on the Statement of Organization, mail may be sent to this address by the filing official.		Area Code & Phone (734) 769-0753				
7, Treasurer's Business Address	Treasurer's Business Address		8. Designated Record keeper's Name and Mailing Address (If the committee has a			
Same		Designated Record keeper)				
		ı				
				·		
Area Code and Phone	<u> </u>	Area Code and Phone				
9. TYPE OF STATEMENT	T		l 9e.			
9s. Pre-Election OR 9b. Post-Election	Required ONLY if candidate is not on the ballot for the		By checking this item I/We certify any outstanding debt		bt	
Pre-Election or Post-Election Statement relates to:	current year:		IDV the committee to	the candidate or his or her apouse is orgiven, and no longer collectible from committee has no oustanding assets,		
Primary	July Quarte	eriy	owes no lates fees o	committee has no oustanding assets, r has any oustanding debt.		
General	October Qu	uarterly	Eurthor if the dissolu	diam agreement to a company of the company of		
Convention			considered a request	ition cannot be granted, that this be t for the Reporting Walver.	}	
Special	9c. Annual	Statement ()				
School	/ Allifocu	Coverage Year	Effective d	ate of dissolution		
Caucus	9d. Amend	lment to Campaign Statement			İ	
	— (Compli Indicate	ete Item 9a, 9b, 9c or 9e to which Statement is being	Note: The disposition	n of residual funds must be reported o	, I	
	amende	ed.)	Schedule 1B and the	Summary Page.	1	
Date of Election, Convention or Caucus						
V V V V V V V V V V V V V V V V V V V						
 Verification: I/We certify that all reasonable dilige ny/our knowledge and belief the contents are true, a 	nce was used in courate and con	the preparation of this statement	ont and attached sched	dules (if any) and to the best of		
Current Treasurer or David Cahill Designated Record keeper	,	18.17 Co.		7/22/16		
Type or Print Name		Signature	111	Date		
Sabra C. Briere		5als. (5	here	7/22/16		
Type or Print Name		Signature		Date		
Authority granted under P.A. 388 of 1976			· · · · · · · · · · · · · · · · · · ·			



MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

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

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name Committee To Elect John Smith

CANDIDATE COMMITTEE	2. Committee Name		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle	
3. Contributions		Cuttiniative tine election cycle	
a. Itemized (Schedule 1A - Column 8)	(3a.) \$		
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	0.00	
c. Subtotal of "Contributions"	(3c.) \$	(18.) \$ 0.00	
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ 0.00	(18.) \$ 0.00	
6. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 0.00	(20.) \$ 0.00	
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ 0.00	(21.) \$ 0.00	
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ 0.00	(22.)\$ 0.00	
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 18, Column 6)	(6a.) \$ <u>9.00</u>		
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ 0.00		
c. Uniternized (less then \$50.01 each - no Schedule)	(8c.) \$ 0.00		
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	(23.) \$ 9.00	
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$ 0.00		
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ 0.00		
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ 0.00	(24.) \$ 0.00	
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) Ψ	(24.) 0	
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>		
b. Owed to the Committee (Schedule 1E)	(12b.) \$ 0.00		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	(13.) \$ 36.71 (14.) + \$ 0.00 (15.) = \$ 36.71 (16.) - \$ 9.00 (17.) \$ 27.71		

734 7690753

CANDIDATE COMMITTEE	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 University of Michigan Credit Union	11-7/16	\$ 9.00			
Address P. O. Box 7850 Ann Arbor, MI 48107	Purpose: Data Click Here for Memo Itemization Type				
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	· · · · · · · · · · · · · · · · · · ·			
Expenditure #2 Name	Date	\$			
Address	Purpose: Click Here for Memo	Itemization Type			
Fund Reiser	Check box if this expenditure is payment of and or obligation reported on previous statement				
Expenditure #3 Name		\$			
Address	Purpose: Date Click Here for Memo Itemization Type				
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement				
Expenditure #4 Name		¢			
Address	Purpose:	Ψ			
Fund Raiser	Click Here for Memo Check box if this expenditure is payment of aebt or obligation reported on previous statement	Itemization Type			
Expenditure #5 Name		\$			
Address	Purpose: Date Click Here for Memo				
Fund Ralser	Check box if this expenditure is payment of debt or obligation reported on previous statement				
	Subtotal this page	\$9.00			
	Grand Total of all Schedules 1B (Complete on last page of Schedule)	\$9.00			
		Enter this total on line 8a of			

Summary Page