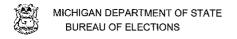


### CANDIDATE COMMITTEE COVER PAGE

FILED FOR OFFICIAL SUE SHEW COUNTY, MI

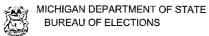
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement	covers From:	10/24/11	to	71/22/115	0 1:4
1. Committee I.D. Number	4. Candidate La	st Name		Name		M.I.
C-2007-028	Bri	ere	Soul	700	AWN CAME I'C	COERTE
2. Committee Name	Anu,	Albor Ci	et # or Community	Served (	(If applicable)	/ MEDIOT
Sabra Briere Sol City Occur			iby Cour		nember	
5. Committee's Mailing Address	4b. County of Res			<u>v                                      </u>		
	6. Treasurer's Na					
1418 Broadway Ann Asbor W 4810	David Ca WII					
AMMEDON WILLETO	141	8 Brow	duay			
\	Ann	Arbor.	duay , M/ (8/	03		
Area Code and Phone ()34) 995-3578	> 1111		(0)			
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.	Area Code & Phor	ne ()34	) 769-07	) J}		
7. Treasurer's Business Address	8. Designated Re Designated Reco	cord keeper's N	lame and Mailing /	Address (	(If the committee ha	s a
Samo	_	. ,				ļ
	ı					
Area Code and Phone	Area Code and Pi	hone				
9. TYPE OF STATEMENT						
9a. Pre-Election OR 9b. Post-	Election	9c. Annua	al Statement (	(	Coverage Year)	
Pre-Election or Post-Election Statement relates to:					ent (Complete Item is being amended)	9a, 9b, 9c
Primary	eral	9e. Dissolu	ution of Candidate	Committ	tee	
	_		Effective Date	e of Disso	olution	
Convention	ooi		•			
Consider Const			-			
Special Cauc	us				committee has no a	
Date of Election, Convention or Caucus					<ol> <li>Further, I/We requested a re</li> </ol>	
11/0/11		the Reporting V		£		
		Note: The dispo		tunds mu	ist be reported on S	chedule
A committee that does not have a Reporting Waiver must file all reschedules. Direct contributions, in-kind contributions, loans, exper	quired Campaign Siditures, and outsta	tatements. The nding debts cou	Campaign Statem int against the \$1,0	nents mu 000 Repo	est include all applica orting Waiver thresh	able old.
If any of the information listed in items 2, 4, 5, 6, 7, or 8 has change amendment to the Statement of Organization should accompany the before the filing deadline of a required campaign statement, the	is Campaign State:	ment. If a requi	i on the committee est for a Reportin	rs Staten 1g Waive	ment of Organization er is not received of	ı, an n or
	···					
<ol> <li>Verification: I\We certify that all reasonable diligence was used in my\our knowledge and belief the contents are true, accurate and contents are true.</li> </ol>	mplete.	3	and andoned come	raaioo (ii	any and to me boo	
Current Treasurer or Designated Record keeper Dovid Ca hill	Savid	abe	ef	- Date	12/1/11	
Type or Print Name	Signature	_ [	<b>&gt;</b> .	- Dale		
candidate Soulprouc. Briefe	Jb.	- C V	July	-Date	12/1/1	_
Type or Print Name	Signature		Transfer			



**SUMMARY PAGE** CANDIDATE COMMITTEE 1. Committee I.D. Number C-2007-028

2. Committee Name SabraBriere Sor Gify Courum!

CANDIDATE COMMITTEE	2. Continues Ivante	<b>9</b>
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions	-	Gamalative and discolori dyole
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 155-00	(18.)\$ 3795.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>O O O</u>	(19.) \$ 0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	(20.)\$ 3>95.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.)\$ >8,9/
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u> </u>	(22.)\$ 0 200
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>44,00</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>O -O O</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 44,00	(23.)\$ 1532,02
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$ 159,97	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.)\$ 000	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	_	1171 0
DEBTS AND OBLIGATIONS	(11.) \$ <u>159.97</u>	(24.)\$ 454,97 (amarded)
12. Debts and Obligations		(amended)
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	(12b.)\$O -\_O	
	BALANCE STATEMENT	
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>4687,59</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.)+\$ /50.00	_
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>4842,59</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>203-97</u>	-
17. ÈNDING BALANCÉ	(17.) \$ 4638.62	*
(Subtract line 16 from line 15)	Amonded total is \$4618	·6Z.)



## ITEMIZED CONTRIBUTIONS SCHEDULE 1A

#### CANDIDATE COMMITTEE

1. Committee I.D. Number C-2007-028
2. Committee Name Sabra Brieve For Gify Gunail

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	Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 10/14/// Name & Address:  Enic Press ner  1925 Timber Trail  Ann Arbor, M (48703)	- \$ <i>750</i> 0	\$ 7500
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer	0.101.4 1010 10	Thomas normadion
Business Address  Type of Contribution:  Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 11/5/1/ Name & Address  Kristin Mawter 1442 Powtiew Tran/ Anwarbor, M/ 48705	\$ <u>30.00</u>	\$ 30.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
OccupationEmployer		
Business Address		į
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt  11/6///  Adam F. Zembe 873 > 6rove by. Pinekney, M/ 48/69 5. If over \$100.00 cumulative, please provide:	\$ \( \sum_0.00 \) Click Here for	\$ 50,00 Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution # 4 PAC Receipt? YES 4. Date of Receipt  Name & Address		
	\$	\$
5. If over \$100.00 cumulative, please provide:	00.11	
Occupation Employer	Click Here for	Memo Itemization
Business Address		***************************************
Type of Contribution:   Direct   Loan from a person   Fund Raiser		
Page Subtota	irono	
Grand Total of All Schedules 1A (Complete on last page of Schedule	(5200)	



## SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number <u>C-2007-028</u>

2. Committee Name Sabra Rryere Sor Gty (DUM Ca)

	Continued Name State 1141 Cont		(NOCO)
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name Os Postal Service Address Liberty Station Any bobor, U1 48704	Purpose: Stamps	/ <i>&amp;\range\Z\f\/</i> Date	\$ <u>44,00</u>
a perty states	Click I	Here for Memo	Itemization Type
Ann Arbor, W/ 48/00			. <b>-</b> '
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name			
Address	Purpose:	Date	\$
	Click H	lere for Merno	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name			
			\$
Address	Purpose:	Date	
	Click H	ere for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4	Statomore		
Name			
Address		Date	\$
Addicas	Purpose:		
'	Click H	ere for Memo	Itemization Type
	<b> </b>	ere ioi iviemo	iternization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name			
			<b>.</b>
Address	Purpose:	Date	\$
	Click H	ere for Memo	Itemization Type
	Check box if this expenditure is payment of		
Final Daises	debt or obligation reported on previous		
Fund Raiser	statement		
	Subtot	al this page	44-00
	Grand Total of all S (Complete on last page		44,00
		, r	Entor this total

Enter this total on line 8a of Summary Page

Page \_\_\_\_\_ of \_\_\_\_



# INCIDENTAL OFFICE EXPENSE DISBURSEMENTS SCHEDULE 1C CANDIDATE COMMITTEE

(For use by officeholders only)

1. Committee I. D. Number C-2007-028

2. Committee Name Sabrobriere Loc Why Council

( or doe by simulation or app		· · · · · · · · · · · · · · · · · · ·	
Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1	Purpose		-1
Name & Address:	· · · · · · · · · · · · · · · · · · ·	<i>i</i>	
Fedex Office 2609 Prymouthful Annarbor M/ 48/05	Attorney beneval's seminar on medical		s 117997
2609 Plymowowed.	Atterney beneral's	Balo	
Annarbon W/ 48/05	seminaron medical	Click for Memo Ite	mization Type
	marijuana		
	Disbursement Code		
Check box if this disbursement is payment of debt or obligation reported on previous statement	Fund Raiser		
Disbursement # 2	Purpose		
Name & Address:			\$
		Date	_ <del>"</del>
			•
		Click for Memo Iter	mization Type
	Disbursement Code		
Check box if this disbursement is payment of debt or obligation	Fund Raiser		
reported on previous statement	Fund Raiser		
Disbursement # 3 Name & Address:	Purpose		
			\$
		Date	
		Click for Memo Iten	nization Type
Check box if this disbursement is payment of debt or obligation	Disbursement Code		
reported on previous statement	Fund Raiser		
Disbursement # 4	Purpose		
Name & Address:			¢
		Date	Ψ
		Click for Memo Item	nization Type
Check box if this disbursement is payment of debt or obligation	Disbursement Code		
reported on previous statement	Fund Raiser		
		Subtotal this page	159.97
	Grand Total o	of all Schedules 1C page of Schedule)	10007
	(Complete on last	hade or ocuednie)	Enter this total

\*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY

Page \_\_\_\_\_ of \_\_\_\_

Enter this total on line 10a of Summary Page