



**CANDIDATE COMMITTEE
COVER PAGE**

FILED
WASHTENAW COUNTY, MI
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: 10/24/11 to 11/28/11 P 1:44

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

2. Committee Name
Sabra Briere for City Council

4. Candidate Last Name Briere First Name Sabra MI
4a. Office Sought Including District # or Community Served (If applicable)
Ann Arbor City First Ward City Council member

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
Same

Area Code and Phone _____

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 School
 Special Caucus

Date of Election, Convention or Caucus
11/8/11

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. Dissolution of Candidate Committee

Effective Date of Dissolution

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. **If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.**

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 12/1/11

Candidate Sabra C. Briere Signature Sabra C. Briere Date 12/1/11



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

2. Committee Name Sabra Briones for City Council

**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>155.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>155.00</u>	(18.) \$ <u>3795.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>155.00</u>	(20.) \$ <u>3795.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>78.91</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>44.00</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</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>44.00</u>	(23.) \$ <u>1532.02</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>159.97</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>159.97</u>	(24.) \$ <u>454.97</u> <i>(amended)</i>
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>4687.59</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>155.00</u>	
	(15.) = \$ <u>4842.59</u>	
15. SUBTOTAL Add lines 13 and 14		
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>203.97</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>4638.62</u>	
<i>(Amended total is \$4618.62.)</i>		



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number C-2007-028
2. Committee Name Sabre Briere for City Council

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 Name & Address: <u>Eric Preissner</u> <u>1925 Timber Trail</u> <u>Ann Arbor, MI 48103</u>	4. Date of Receipt <u>10/24/11</u>	\$ <u>75.00</u> \$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES Name & Address: <u>Kristin Mahler</u> <u>1442 Pontiac Trail</u> <u>Ann Arbor, MI 48105</u>	4. Date of Receipt <u>11/5/11</u>	\$ <u>30.00</u> \$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES Name & Address: <u>Adam F. Zembke</u> <u>8737 Grove Dr.</u> <u>Pinekenex, MI 48169</u>	4. Date of Receipt <u>11/6/11</u>	\$ <u>50.00</u> \$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES Name & Address: _____	4. Date of Receipt _____	\$ _____ \$ _____
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		Click Here for Memo Itemization

Page Subtotal 150.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule) 150.00

Enter this total on line 3a of Summary Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2007-028
2. Committee Name Sabra Riene For City Council

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>US Postal Service</u> Address <u>Liberty Station</u> <u>Ann Arbor, MI 48106</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Stamp</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/27/11</u> Date	<u>\$ 44.00</u>
Expenditure #2 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 #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 44.00
 Grand Total of all Schedules 1B
 (Complete on last page of Schedule) 44.00
 Enter this total on line 8a of Summary Page



**INCIDENTAL OFFICE EXPENSE
DISBURSEMENTS
SCHEDULE 1C
CANDIDATE COMMITTEE**
(For use by officeholders only)

1. Committee I. D. Number C-2007-028
2. Committee Name Sabra Priore for City Council

3. 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 Name & Address: <u>FedEx Office</u> <u>2609 Plymouth Rd.</u> <u>Ann Arbor, MI 48105</u>	Purpose <u>Copy materials from</u> <u>Attorney General's</u> <u>Seminar on medical</u> <u>marijuana</u>	<u>11/21/11</u> Date	<u>\$ 159.97</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement		Disbursement Code _____ <input type="checkbox"/> Fund Raiser	
Disbursement # 2 Name & Address:		Purpose _____ Date _____ \$ _____ Click for Memo Itemization Type	
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement		Disbursement Code _____ <input type="checkbox"/> Fund Raiser	
Disbursement # 3 Name & Address:		Purpose _____ Date _____ \$ _____ Click for Memo Itemization Type	
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement		Disbursement Code _____ <input type="checkbox"/> Fund Raiser	
Disbursement # 4 Name & Address:		Purpose _____ Date _____ \$ _____ Click for Memo Itemization Type	
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement		Disbursement Code _____ <input type="checkbox"/> Fund Raiser	

Subtotal this page 159.97
 Grand Total of all Schedules 1C
 (Complete on last page of Schedule) 159.97

Enter this total on line 10a of Summary Page

*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