



**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.

<p>1. Committee I.D. Number <u>C-2007-028</u></p> <p>2. Committee Name <u>Sabra Briere for City Council</u></p> <p>5. Committee's Mailing Address <u>1418 Broadway Ann Arbor MI 48105</u> Area Code and Phone <u>(734)995-3578</u> <small>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.</small></p> <p>7. Treasurer's Business Address <u>Same</u> Area Code and Phone _____</p>	<p>3. This Statement covers From: <u>1/1/12 to 12/31/12</u></p> <p>4. Candidate Last Name <u>Briere</u> First Name <u>Sabra</u> M.I. <u>C.</u></p> <p>4a. Office Sought Including District # or Community Served (If applicable) <u>Ann Arbor City First Ward City Council member</u></p> <p>4b. County of Residence <u>Washtenaw</u></p> <p>6. Treasurer's Name & Residential Address <u>David Cahill 1418 Broadway Ann Arbor, MI 48105</u> Area Code & Phone <u>(734)769-0753</u></p> <p>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) Area Code and Phone _____</p>
<p>9. TYPE OF STATEMENT</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"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus _____</p>	<p>9c. <input checked="" type="checkbox"/> Annual Statement (<u>2012</u> 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>9e. <input type="checkbox"/> Dissolution of Candidate Committee</p> <p>Effective Date of Dissolution _____</p> <p><small>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.</small></p>
<p><small>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.</small></p>	
<p>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.</p>	
<p>Current Treasurer or Designated Record keeper <u>David Cahill</u> <u>David Cahill</u> Date <u>1/3/13</u> Type or Print Name Signature</p> <p>Candidate <u>Sabra C. Briere</u> <u>Sabra Briere</u> Date <u>1/3/12</u> Type or Print Name Signature</p>	



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

2. Committee Name Salwa Riviere 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>35.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>35.00</u>	(18.) \$ <u>35.00</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>35.00</u>	(20.) \$ <u>35.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>0.00</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>0.00</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>0.00</u>	(23.) \$ <u>0.00</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>796.33</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>796.33</u>	(24.) \$ <u>796.33</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>4618.62</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>35.00</u>	
	(15.) = \$ <u>4653.62</u>	
15. SUBTOTAL Add lines 13 and 14		
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>796.33</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>3847.29</u>	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2007-028
2. Committee Name Sabra Rivera 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 4. Date of Receipt <u>3/3/2012</u> Name & Address: <u>Joan D. Gustin</u> <u>1021 Burton Drive #203</u> <u>Ann Arbor, MI 48105</u>	<u>\$ 35.00</u>	<u>\$ 35.00</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	Click Here for Memo Itemization	
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	Click Here for Memo Itemization	
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	Click Here for Memo Itemization	
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	Click Here for Memo Itemization	

Page Subtotal 35.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule) 35.00

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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 Brown 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>Andy LaBarre for Washtenaw</u> <u>1911 Boulder Dr.</u> <u>Ann Arbor, MI 48104</u>	Purpose <u>Fundraiser tickets</u>	<u>1/3/12</u> Date	<u>\$50.00</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	Click for Memo Itemization Type	
Disbursement # 2 Name & Address: <u>FedEx office</u> <u>2609 Plymouth Rd.</u> <u>Ann Arbor MI 48105</u>	Purpose <u>Materials for</u> <u>transit center event</u>	<u>3/19/12</u> Date	<u>\$31.27</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	Click for Memo Itemization Type	
Disbursement # 3 Name & Address: <u>Gandy Dancer</u> <u>401 Depot St.</u> <u>Ann Arbor, MI 48106</u>	Purpose <u>Retractments for</u> <u>transit center event</u>	<u>3/19/12</u> Date	<u>\$115.06</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	Click for Memo Itemization Type	
Disbursement # 4 Name & Address: <u>Washtenaw County Democratic</u> <u>Committee</u> <u>Box 3957</u> <u>Ann Arbor, MI 48106</u>	Purpose <u>Fundraiser tickets</u>	<u>5/5/12</u> Date	<u>\$100.00</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	Click for Memo Itemization Type	

Subtotal this page 296.33

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

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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

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

2. Committee Name Sabrina Rose 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>Citizens for Yousef Rabin</u> <u>1121 Ferden Rd.</u> <u>Ann Arbor MI 48106</u> <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>Fundraiser tickets</u> Disbursement Code _____ <input type="checkbox"/> Fund Raiser	<u>5/31/12</u> Date Click for Memo Itemization Type	<u>\$50.00</u>
Disbursement # 2 Name & Address: <u>Adam Zemke for State Representative</u> <u>P.O. Box 8147</u> <u>Ann Arbor MI 48103</u> <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>Fundraiser tickets</u> Disbursement Code _____ <input type="checkbox"/> Fund Raiser	<u>6/3/12</u> Date Click for Memo Itemization Type	<u>\$50.00</u>
Disbursement # 3 Name & Address: <u>Rebekah Warren Emission Michigan PAC</u> <u>234 Eighth St.</u> <u>Ann Arbor, MI 48103</u> <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>Fundraiser tickets</u> Disbursement Code _____ <input type="checkbox"/> Fund Raiser	<u>6/25/12</u> Date Click for Memo Itemization Type	<u>\$50.00</u>
Disbursement # 4 Name & Address: <u>Committee to Elect Carol Kuhnke Circuit Court Judge</u> <u>P.O. Box 2401</u> <u>Ann Arbor, MI 48106</u> <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>Fundraiser tickets</u> Disbursement Code _____ <input type="checkbox"/> Fund Raiser	<u>6/28/12</u> Date Click for Memo Itemization Type	<u>\$50.00</u>

Subtotal this page 200.00

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

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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 Briere 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>Friends of Gretchen Dieckhoff</u> <u>P.O. - Box 464</u> <u>Saline, MI 48776</u> <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>Fundraiser ticket</u> Disbursement Code _____ <input type="checkbox"/> Fund Raiser	<u>7/17/12</u> Date	<u>\$100.00</u> Click for Memo Itemization Type
Disbursement # 2 Name & Address: <u>Mike Callton for State Representative</u> <u>P.O. - Box 626</u> <u>Nashville, MI 49073</u> <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>Fundraiser ticket</u> Disbursement Code _____ <input type="checkbox"/> Fund Raiser	<u>7/28/12</u> Date	<u>\$100.00</u> Click for Memo Itemization Type
Disbursement # 3 Name & Address: <u>Jeff Kwin Leadership Fund</u> <u>P.O. - Box 14021</u> <u>Lansing, MI 48901</u> <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>Fundraiser ticket</u> Disbursement Code _____ <input type="checkbox"/> Fund Raiser	<u>9/21/12</u> Date	<u>\$50.00</u> Click for Memo Itemization Type
Disbursement # 4 Name & Address: <u>Bridget Mary McCormack for Justice</u> <u>P.O. - Box 2434</u> <u>Kalamazoo, MI 49002</u> <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>Fundraiser tickets</u> Disbursement Code _____ <input type="checkbox"/> Fund Raiser	<u>10/1/12</u> Date	<u>\$50.00</u> Click for Memo Itemization Type

Subtotal this page 300.00

Grand Total of all Schedules 1C (Complete on last page of Schedule) 796.33

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