



**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 1/1/2014 to 7/20/2014

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

2. Committee Name  
**Sabra Briere for City Council**

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

4a. Office Sought Including District # or Community Served (If applicable)  
**City Council, First Ward**

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  
 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 (\_\_\_\_\_) 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 late 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**  
Type or Print Name Signature *David Cahill* Date **July 21, 2014**

Candidate **Sabra C. Briere**  
Type or Print Name Signature *Sabra C Briere* Date **July 21, 2014**

WASHTENAW COUNTY  
 CLERK  
 JUL 21 10 45 AM '14  
 LAMBERTON  
 COUNTY CLERK



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

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

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name Sabra Briere for City Council

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>		
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>0.00</u>
<b>4. Other Receipts (Schedule 1A -1, Column 6)</b>	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>0.00</u>	(20.) \$ <u>0.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
<b>6. In-Kind Contributions (Schedule 1-IK, Column 7)</b>	(6.) \$ <u>0.00</u>	(21.) \$ <u>0.00</u>
<b>7. In-Kind Expenditures (Schedule 1B-IK, Column 6)</b>	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
<b>EXPENDITURES</b>		
<b>8. Expenditures</b>		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>500.00</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>	
<b>9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)</b>	(9.) \$ <u>500.00</u>	(23.) \$ <u>500.00</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
<b>10. Disbursements</b>		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>870.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ <u>870.00</u>	(24.) \$ <u>870.00</u>
<b>DEBTS AND OBLIGATIONS</b>		
<b>12. Debts and Obligations</b>		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
<b>BALANCE STATEMENT</b>		
<b>13. Ending Balance of last report filed</b> (Enter zero if no previous reports have been filed.)	(13.) \$ <u>7262.98</u>	
<b>14. Amount received during reporting period</b> (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>0.00</u>	
<b>15. SUBTOTAL Add lines 13 and 14</b>	(15.) = \$ <u>7262.98</u>	
<b>16. Amount expended during reporting period</b> (Add lines 9 and 11)	(16.) - \$ <u>1370.00</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>5892.98</u>	



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

C-2007-028

1. Committee I. D. Number \_\_\_\_\_

Sabra Briere for Council

2. Committee Name \_\_\_\_\_

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>Sabra Briere for Mayor</b>  Address <b>1418 Broadway Ann Arbor, MI 48104</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Transfer of unexpended funds</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>1/27/14</u> Date	\$ <u>500.00</u>  <a href="#">Click Here for Memo Itemization Type</a>
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	\$ _____  <a href="#">Click Here for Memo Itemization Type</a>
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	\$ _____  <a href="#">Click Here for Memo Itemization Type</a>
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	\$ _____  <a href="#">Click Here for Memo Itemization Type</a>
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	\$ _____  <a href="#">Click Here for Memo Itemization Type</a>
Subtotal this page			<b>\$500.00</b>
Grand Total of all Schedules 1B (Complete on last page of Schedule)			<b>\$500.00</b>

Enter this total on line 8a of Summary Page



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

C-2007-028

1. Committee I. D. Number \_\_\_\_\_

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: Skyline Friends of the Arts Piano Fund 2552 N. Maple Ann Arbor, MI 48103  <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>Help purchase piano</u>  Disbursement Code _____ <input type="checkbox"/> Fund Raiser	<u>1/25/14</u> Date Click for Memo Itemization Type	\$ <u>50.00</u>
Disbursement # 2 Name & Address: Jim Toy Community Center 319 Braun Ct. Ann Arbor, MI 48104  <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>Equality Cabaret tickets</u>  Disbursement Code _____ <input type="checkbox"/> Fund Raiser	<u>2/13/14</u> Date Click for Memo Itemization Type	\$ <u>125.00</u>
Disbursement # 3 Name & Address: Veronique Liem for Circuit Judge P. O. Box 7512 Ann Arbor, MI 48107  <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>2/25/14</u> Date Click for Memo Itemization Type	\$ <u>100.00</u>
Disbursement # 4 Name & Address: Ann Arbor Democratic Party % Hedieh Briggs 2676 Chateau Ct. Ann Arbor, MI 48103  <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>2/26/14</u> Date Click for Memo Itemization Type	\$ <u>75.00</u>
Subtotal this page			<b>\$350.00</b>
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



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

C-2007-028

1. Committee I. D. Number \_\_\_\_\_

Sabra Briere for City Council

2. Committee Name \_\_\_\_\_

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: Andy LaBarre for Washtenaw 2411 Meadowridge Ct. Ann Arbor, MI 48105  <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose Fundraiser tickets  Disbursement Code _____ <input type="checkbox"/> Fund Raiser	2/27/14 Date Click for Memo Itemization Type	\$ 100.00
Disbursement # 2 Name & Address: Tracy Van den Bergh for Judge P. O. Box 3679 Ann Arbor, MI 48106  <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose Fundraiser tickets  Disbursement Code _____ <input type="checkbox"/> Fund Raiser	3/4/14 Date Click for Memo Itemization Type	\$ 100.00
Disbursement # 3 Name & Address: Ann Arbor/Ypsilanti Regional Chamber 115 W. Huron, 3rd Floor Ann Arbor, MI 48104  <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose Headline lunch  Disbursement Code _____ <input type="checkbox"/> Fund Raiser	3/10/14 Date Click for Memo Itemization Type	\$ 40.00
Disbursement # 4 Name & Address: Marks Schauer for Governor P. O. Box 100 Battle Creek, MI 49016  <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose  Disbursement Code _____ <input type="checkbox"/> Fund Raiser	3/24/14 Date Click for Memo Itemization Type	\$ 100.00

Subtotal this page **\$340.00**

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



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

C-2007-028

1. Committee I. D. Number \_\_\_\_\_

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: Jim Toy Community Center 319 Braun Ct. Ann Arbor, MI 48104  <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose Fundraiser ticket  Disbursement Code _____ <input type="checkbox"/> Fund Raiser	4/7/14 Date Click for Memo Itemization Type	\$ 100.00
Disbursement # 2 Name & Address: Ann Arbor/Ypsilanti Regional Chamber 115 W. Huron, 3rd Floor Ann Arbor, MI 48104  <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose Headline lunch  Disbursement Code _____ <input type="checkbox"/> Fund Raiser	4/28/14 Date Click for Memo Itemization Type	\$ 30.00
Disbursement # 3 Name & Address: Citizens for Yousef Rabhi 612 N. Main St. Ann Arbor, MI 48104  <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose Fundraiser tickets  Disbursement Code _____ <input type="checkbox"/> Fund Raiser	4/30/14 Date Click for Memo Itemization Type	\$ 50.00
Disbursement # 4 Name & Address:   <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose   Disbursement Code _____ <input type="checkbox"/> Fund Raiser	_____ Date Click for Memo Itemization Type	\$ _____

Subtotal this page **\$180.00**

Grand Total of all Schedules 1C  
(Complete on last page of Schedule) **\$870.00**

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