

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

COVER PAGE

FOR OFFICIAL USE ONLY

COVER PAGE				
Report must be legible, typed or printed in lnk and the treasurer (or designated record keeper) and c	i algned by aпdidate.	3. This Statement covers Fron	^{n:} 7/20/15	to 8/24/15
1. Committee I.D. Number		4. Candidate Last Name	First Na	
C-2007-028		Briere	Sabra	C.
		4a. Office Sought Including Dis		
2. Committee Name		AnnArbor	City Cours	il, Ward 1
Sabra Briere for City Council				
<u> </u>		4b. County of Residence WA		SC 5
5. Committee's Mailing Address 1418 Broadway		-6. Treasurer's Name & Reside David Cahill	ential Address	WASHTENAW COUNTY. I 1015 AUG 28 A 11: COUNTY CLERK / REGIS
Ann Arbor, MI 48105		1418 Broadway		TO SEE THE
		Ann Arbor, MI 48105	5	OF STATE
				28 28
Area Code and Bhane (734) 995-3518				悉 20
Area Code and Phone If the address in this box is different from the comm	ittee			温 2 宝
mailing address on the Statement of Organization, be sent to this address by the filing official.	mail may	Area Code & Phone (734)	769-0753	26 - 7
7. Treasurer's Business Address		8. Designated Record keeper	's Name and Molling Ad	
Same		Designated Record keeper)	- where due weeking you	Anna (it inhalt Alumination a
		,		
·			•	
Area Code and Phone		Area Code and Phone	9e.	
9. TYPE OF STATEMENT	Required ON	ILY if candidate	. 3d,	
9a. Pre-Election OR 9b. Post-Election	is not on the current year:		by the committee to the	tem I/We certify any outstanding debt e candidate or his or her spouse is here
Pre-Election or Post-Election Statement relates to:	<u> </u>		by discharged and forg the committee. The co	given, and no longer collectible from mmittee has no oustanding assets,
Primary	July Quart	eriy		ав any oustanding debt.
General	October Q	uarterly	Further if the dissolution	on cannot be granted, that this be
Convention	1		considered a request for	or the Reporting Welver.
Special	90,			
	Annua Annua	Statement () Coverage Year	Effective date	e of dissolution
School				}
Caucus	(Comp	dment to Campaign Statement liete Item 9a, 9b, 9c or 9e to	NI-4-Wi- d - t-1	4 malah at 4 mala manata
	Indicat amend	e which Statement is being	Note: The disposition of Schedule 1B and the S	of residual funds must be reported on Summary Page.
_,, ,) amond	∀w. }		· -
Date of Election, Convention or Caucus				
August 4, 2015				
			1	
40 Maridian Maria Blada and Blada	<u> </u>		<u> </u>	****
 Verification: I/We certify that all reasonable dilige mylour knowledge and belief the contents are true, or 	once was used i accurate and co	n the preparation of this stateme mplete.	ent and attached schedu	iles (if any) and to the best of
Current Treasurer or David Cahill		1/2/1/	hill .	8/27/2015
Designated Record keeper	···· • · · · · · · · · · · · · · · · ·		vice 0	ate
		Signature	< ^	
Sabra C. Briere	7		There -	8/27/2015
Type or Print Name		Signature		ate



SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name Sabra Briere for City Council

CANDIDATE COMMITTEE	2. Committee Name	
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		1
a. Itamized (Schedule 1A - Column 6)	(3a.) \$ 1265.00	-
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE 1265.00	- <u>8540 00</u>
c. Subtotal of "Contributions"	(3c.) \$	(18:) \$ 8540.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4,) \$	(19.)\$ 0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 1265.00	(20.) \$ 8540.00
IN-KIND CONTRIBUTIONS & EXPENDITURES	1400	44.00
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ 14.82	(21.) \$ 14.82
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ 0.00	(22.) \$ 0.00
EXPENDITURES		
8. Expenditures	0500.00	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 2533.99	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ 0.00	.
c. Unitemized (less than \$50.01 each - no Schodule)	(8c.) \$ 0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(0.) \$ 2533.99	(23.) \$ 5783.50
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemizéd (Schedule 1C, Column 6)	(10a.)\$ 100.00	-
b. Unitemized (less than \$50.01 each - no Schedule)	(40) 10 0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS	(106.)\$	-
(Add Line 10a + Line 10b)	(11.) \$ 100.00	(24.) \$ 100.00
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.)\$	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ 0.00	
	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ 4,790.47	-
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ 1,265.00	
(Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>6055.47</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.)- \$ 2633,99	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 3421.48	· *
·		

Enter contributor's name and address. If con middle initial. Check box to indicate if contrib Committee (PAC) Report <u>ell</u> contributions reg	ution is from a Political (lduəl, é Commit	nter last name, first name, tee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt?	YES 4. Date of	Receip	ot 7/22/15		
Ken Clein & Colleen Crawley					
1331 Culver					
Ann Arbor, MI 48103				25.00 \$	25.00 _
5. If over \$100.00 cumulative, please provide	te:			Click Here	for Memo Itemization
Occupation	Employer				
Business Address				•	
Type of Contribution: Direct	Loan from a person		Fund Ralser		
3. Contribution #2 PAC Receipt?	YES 4, Date of	Receip	t 7/27/15		
Name & Address			· principal de la company de l		
Ann Schriber				400.00	100.00
2116 Dorset Rd.				_s 100.00	100.00
Ann Arbor, MI 48104				·	-
5. If over \$100.00 cumulative, please provid	le;			Click Here f	or Memo Itemization
OccupationE	mployer	· · · · · · · · · · · · · · · · · · ·	······································		
Business Address	***************************************				
Type of Contribution: Direct	Loan from a person		Fund Raiser		
3. Contribution #3 PAC Receipt?	YES 4. Date of	Receir	ot 7/27/15		
Name & Address:	_	•			
Nora Lee Wrlght 221 Felch St. Suite 4				100.00	100.00
Ann Arbor, MI 48103	·			\$	<u> </u>
Ann Albor, Mil 40 100				Olinia I i nun sa	
5. If over \$100.00 cumulative, please provid	₽;			Click nere to	r Memo Itemization
Occupation	Employer	······································	·	•= •	·•
Businesa Address			***************************************		
Type of Contribution: Direct	Loan from a person		Fund Ralser		
Contribution # 4 PAC Receipt? Name & Address Brian Pinkelman	YES 4. Date of	(Recei	pt 7/30/15		
1308 Culver				25.00	25.00
Ann Arbor, MI 48103				\$. \$
5. If over \$100.00 cumulative, please provid	e:			Click Llong fo	r Memo Itemization
Occupation	Employer			CHCK HAIG IO	Mento Remization
Bueiness Address			•		
Type of Contribution: Direct	Loan from a person		Fund Raiser		
			Page Subtotal	\$250.00	
		_	•	<u> </u>	-
			nd Total of All Schedules 1A te on last page of Schedule)	· · · · · · · · · · · · · · · · · · ·	
1 2	•	1	, 5	Enter this total on line 3a of Summan	,
Page of				Page.	

CANDIDATE COMMITTEE 2. Committee Name

	x to indicate if conti	-	mmi	ttee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 Name & Address: Daniel M. Kapla 3085 Charing Ci Ann Arbor, MI 48	ross	YES 4, Date of R	ecel	pt 7/31/15	500.00	500.00
6, If over \$100.00 cum Convertion Manage		vide: Employer Varsity M	ana	agement	Click Here f	or Memo Itemization
Occupation62	5 Church St.,	Ann Arbor, MI 4810)4			
Type of Contribution:	✓ Direct	Loan from a person		Fund Raiser		. •
3. Contribution #2 Name & Address Fred Zwas 22722 Ponchart Southfield, MI 48	PAC Receipt?		eceir	7/31/15	500.00 \$	500.00 \$
5. If over \$100.00 cum Occupation	ulative, please pro	vide: Varsity Mai Employer Ann Arbor, MI 4810		ement	Click Here to	or Memo Itemization
Type of Contribution:	Direct	Loan from a person		Fund Ralser	,	
3. Contribution #3 Name & Address: Ruth Mohr & Da 2608 Traver Blv Ann Arbor, MI 48	d.	YES 4. Date of F	(e¢ei	pt <u>8/1/15</u>	\$ 15.00	15.00 - \$ r Merno Itemization
5. If over \$100.00 cum	ulative, please pro	vide:			CHCK MELE IO	Memo nemizadon
Occupation	···	- Employer		·	•	
Business Address	<u>.</u>	·····				
Type of Contribution:	Direct	Loan from a person		Fund Relser	, ······	
3. Contribution # 4 Name & Address	PAC Receipt?	YES 4. Date of	Rece	ipt	\$. \$
5. If over \$100.00 cum	ulative, please pro	vide:			Click Horo to	r Memo Itemization
Occupation	· · · · · · · · · · · · · · · · · · ·	_ Employer			ONCH THEIR TO	E WOUND HORNIAGION
Duoinaga Address						
Business Address Type of Contribution:	Direct	Loan from a person		Fund Raiser		
2 2 Page of	•			Page Subtotal and Total of All Schedules 1A lete on last page of Schedule)	\$1015.00 \$1265.00 Enter this total on line 3a of Summan Page.	

	VOLIMATIO LIGHT	T E S.A.	A Amoust
3. Name and address of person or vendor to whom peid	4. Purpose (Required Information)	5. Date	θ. Amount
Expenditure #1		7100145	
Name Messenger Printing Service		7/20/15	_{\$} 951.53
<u>-</u>	Printing	Date	
20136 Ecorse Rd.	Purpose:		•
Taylor, MI 48180	Click H	lere for Memo i	temization Type
layioi, ivii 40 too			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement	****	
Expenditure #2	,		
Name Messenger Printing Service		7/24/15	_{\$} 1041.83
· · · · · · · · · · · · · · · · · · ·	Printing	Date	\$ 10.11.00
Address	Printing Purpose:	Date	
20136 Ecorse Rd.			
Taylor, MI 48180	Click H	ere tor Memo I	temizatlon Typə
	Check box if this expenditure is payment of		
Count Baisay	gest or obligation reported on previous		
Fund Raiser	statement		
Expenditure #3	· · · · · · · · · · · · · · · · · · ·	,	
Name Messenger Printing Service		7/27/15	_s 164.83
	Printing	Date	3 13 1130
Address 20136 Ecorse Rd.	Purpose: Printing	gar served	
Taylor, MI 48180	Cilck H	ere for Memo II	emization Type
Taylor, IVII 40 100	 		
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name Steve Kwasny		7/29/15	400.00
• • • • • • • • • • • • • • • • • • • •			_{\$} 120.00
Address	Canvassing Purpose:	Date	
7650 Tharp Dr.			
Whitmore Lake, MI 48189	Çliçk H	ere for Memo I	lemization Type
	Check box if this expenditure is payment of		
[-]	debt or obligation reported on previous		
Fund Raiser	statement	· ·	
Expanditure #6			
Name Joseph Chapman	1	8/5/15	00.00
	Sign work	Date	\$ 90.00
Address 622 N. Adams	Purpose:	MINA	
Ypsilanti, MI 48197	Click I	lere for Memo I	temization Type
The second section	Check box if this expenditure is payment of		
aa Balica	debt or obligation reported on previous		
Fund Ralser	statement		#0000 to
	Subto	tal this page	\$2368.19
	Grand Total of all	Schedules 18	
	(Complete on last page		
•		•	Enter this total

on line 8a of Summary Page

SCHEDULE 1B CANDIDATE COMMITTEE

		Briere	for	City	Counc
Committee Name	*******				

3. Name and address of регьол or vendor to whom paid	4. Purpose (Required Information)	5, Date	θ. Amount
Expenditure #1 Name Hunter Mulrhead		8/5/15	00.00
Name Hullier Multiteau	Sign work	Date	\$ 90.00
6832 Seven Mile Rd. South Lyon, MI 48178	Purpose:	- ck Here for Memo	Itemizetion Type
Fund Raiser	Check box if this expenditure is paymendebt or obligation reported on previous statement	nt of	
Expenditure #2		0/0/45	•
Name Rose Van Alsburg		8/6/15	_{\$} 20.00
Address 217 W. Madison St.	Purpose: Canvassing	Date	Herebrotler Tree
Ann Arbor, MI 48103	C	lick Here for Memo	itemization Type
Fund Raiser	Check box if this expenditure is paymen aept or obligation reported on previous statement	nt of	
Expenditure #3			
Name Kroger		8/4/15	_s 20.66
Address	Refreshments	Date	<u> </u>
Address 2641 Plymouth Rd. Ann Arbor, MI 48105	Purpose:	— lick Here for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is paymended on previous statement	nt of	
Expenditure #4			
Name Kroger		8/8/15	s 48.64
Address 2641 Plymouth Rd.	Purpose: Refreshments	Date	\$ 10.04
Ann Arbor, MI 48105	C	lick Here for Memo	Itemization Type
Fund Ralser	Check box if this expenditure is payment debt or obligation reported on previous statement	nt of	
Expenditure #5			
Name Rite Aid		8/8/15	s 45.21
Address 2781 Plymouth Rd.	Purpose: Refreshments	Date	\$ 10.55
Ann Arbor, MI 48105	I	lick Here for Memo	itemizetion Type
Fund Raiser	Check box if this expenditure is paymed debt or obligation reported on previous statement	nt of	
		Subtotal this page	\$159.85
		of all Schedules 1B page of Schedule)	
	• •	-	Enter this total

Summary Page

SCHEDULE 1B

4	Committee	1.17	MURRONI
	COURTING	2. L	140111001

SCHEDULE 18	Sabra Briere for City Council			
CANDIDATE COMMITTEE	2. Committee Name			
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5, Date	6. Amount	
Expenditure #1	1000	8/1/15	****	
Name University of Michigan Credit Union	5 1 diamen		\$ 1.00	
oddress . O. Box 7850	Purpose: Bank charges	Date		
O. Box 7850 Ann Arbor, MI 48107	Click	Here for Memo	Itemization Type	
	Check box if this expenditure is payment o	f		
Fund Raiser	debt or obligation reported on previous		,	
xpenditure #2				
Name PayPal		7/2015	_{\$} 4.95	
	Cr card process fees	Date	<u></u>	
^{ddress} 211 N. First St.	Purpose:	,		
an Jose, CA 95131	Click	Here for Memo	Itemization Type	
	Check box if this expenditure is payment o	f		
Fund Raiser	dent or obligation reported on previous statement			
Expenditure #3	·			
lame				
		Date	\$	
drees	Purpose:	•		
	<u> </u>	Here for Memo	Itemization Type	
	Check box if this expenditure is payment of debt or obligation reported on previous	f		
Fund Raiser	statement			
xpenditure #4				
ame			\$	
ddress	Purpose:	Date		
	<u> </u>	Here for Memo	Itemizelion Typ≙	
	Check box if this expenditure is payment of	f		
Fund Raiser	statement	1		
xpenditure #5				
ame				
uddress	Purpose:	Date	\$	
		Here for Memo	Itamization Tuna	
	Check box if this expenditure is payment of		вописаной туре	
Fund Raiser	debt or obligation reported on previous statement			
k dife iZqiqqi		total this page	\$5.95	
	Grand Total of al (Complete on last pa		\$2533.99	
	• • •	*	Enter this total	
0 0			on line 8a of Summary Pag	

1. Committee I, D. Number	1.	Committe	e I, D	, Number	
---------------------------	----	----------	--------	----------	--

SCHEDULE 1C CANDIDATE COMMITTEE (For use by officeholders only) 2.0	Sabra Briere	for City Council	
3. Name and address of person to whom disbursement was made	 Description of Disbursement (Be specific & you may assign a disbursement code*) 	5. Date	б. Amount of Disbursement
Olsburgement # 1	Purpose		
Name & Address: Aretchen Driskell for Congress	Fundralser ticket	8/11/15	_{\$} 100.00
P. O. Box 464 Saline, MI 48176		Date Click for Memo Iter	n zation Type
	Disbursement Code	<u>-</u>	
Check box if this disbursement is payment of debt or obligation reported on previous statement	Fund Raiser		
Disbursement # 2 Name & Address;	Purpose		c
		Date	Φ
		Click for Memo Item	nization Type
Check box if this disbursement is payment of debt or obligation aported on previous statement	Disbursement Code		
Disbursement # 3	Purposa		
Name & Addreas:	<u>undudan</u>	Date	\$
		Olick for Memo Iten	ization Type
	Disbursement Code	_	
Check box if this disbursement is payment of debt or obligation eported on previous statement	Fund Raiser	· ·	
Disbursement # 4 Name & Address:	Purpose		•
		Dete	_ \$
		Click for Memo Iten	lzation Type
Check box if this disbursement is payment of debt or obligation eported on previous statement	Disbursement Code	_	
	· sera radio	Subtotal this page	\$100.00
	Grand T	otal of all Schedules 1C hast page of Schedule)	\$100.00
EASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT (, mor hade of collection	Enter this total on line 10a of Summary Pag

SCHEDULE 1-IK

1. Committee I. D. Number

SCHEDULE 1-IK 1. Committee I. D. Number Sabra Briere for City Council				
CANDIDATE COMIV	ITTEE 2. Committee Name			
3. Name and Address from whom received If contribution is from an Individual, enter last name first. Check box to Indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Reportall In-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7, Amount or Feir Merket Value	6. Cumulative for Election Cycle (Through date in Item 5)	
Contribution # 1 PAC Receipt? Yes Name & Address: Christopher Taylor 1505 Brooklyn	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated 5 Goods or Services Purchased by Candidate or Others	4.82	14.82	
Ann Arbor, MI 48104 If over \$100.00 cumulative, please provide: Occupation:	Goods or Services Purchased by Candidate or Others- LOAN Description			
Employer Name & Business Address:	5. Date Of Receipt: 8/2/15 6. Vendor Name & Address: VerticalResponse Clic 50 Beale St. 10th Floor San Francisco, CA 94105	k Here for Memo He	emization	
Fund Raiser Contribution				
Contribution # 2 PAC Receipt? Yes Name & Address	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others LOAN	\$		
if over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Description 5. Date Of Receipt: 6. Vendor Name & Address:			
	Cila	k Here for Memo lite	mization	
Fund Raiser Contribution				
Contribution #3 PAC Receipt? Yes Name & Address:	4. Endorsement or Guerantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN	\$.		
if over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Description 5. Date Of Receipt:		·	
Fund Raiser Contribution	6. Vendor Name & Address: Clic	k Here for Memo (te	emization	
	Page Subtotal	\$14,82	\$14.82	
	Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	\$14.82		
1 1 Page of		Enter this total on line 6 of Summary Page		