



**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.

1. Committee I.D. Number <u>C-2013-026</u>		3. This Statement covers From: <u>8/12/13</u> to <u>11/25/13</u>	
2. Committee Name <u>Sam DeVarti for Council</u>		4. Candidate Last Name <u>DeVarti</u> First Name <u>Samuel</u> M.I. <u>D.R.</u>	
5. Committee's Mailing Address <u>1231 Baldwin ave, Ann Arbor MI 48104</u>		4a. Office Sought Including District # or Community Served (If applicable) <u>Council Member Ward 3</u>	
Area Code and Phone <u>734-255-2204</u>		4b. County of Residence	
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 <u>Patricia Garay 1307 Granger Ave Ann Arbor MI 48104</u>	
7. Treasurer's Business Address <u>1307 Granger ave, Ann Arbor MI 48104</u>		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)	
Area Code and Phone <u>734-846-3053</u>		Area Code & Phone <u>734-846-3053</u>	

FILED  
 WASHINGTON COUNTY, MI  
 2013 OCT 25 P 4: 31  
 LAWRENCE KESTENBAUM  
 COUNTY CLERK/REGISTRAR

**9. TYPE OF STATEMENT**

9a.  Pre-Election OR 9b.  Post-Election

Pre-Election or Post-Election Statement relates to:

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Convention	<input type="checkbox"/> School
<input type="checkbox"/> Special	<input type="checkbox"/> Caucus

Date of Election, Convention or Caucus  
November 5th, 2013

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 Patricia Garay, Patricia M. Garay Date 10/24/13

Type or Print Name Signature

Candidate Sam DeVarti, Sam DeVarti Date 10/24/13

Type or Print Name Signature



1. Committee I.D. Number C-2013-026

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name Sam DeVarti for Council

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>945.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>945.00</u>	(18.) \$ <u>945.00</u>
<b>4. Other Receipts (Schedule 1A -1, Column 6)</b>		
	(4.) \$ _____	(19.) \$ _____
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>945.00</u>	(20.) \$ <u>945.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>625.40</u>	(21.) \$ <u>625.40</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
<b>EXPENDITURES</b>		
<b>8. Expenditures</b>		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>691.42</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>691.42</u>	(23.) \$ <u>691.42</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
<b>10. Disbursements</b>		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ _____
<b>DEBTS AND OBLIGATIONS</b>		
<b>12. Debts and Obligations</b>		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>625.40</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>0</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>945.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>945.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>691.42</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>253.58</u> *	



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2013-026  
2. Committee Name Sam DeVarti for 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 Name & Address: <u>Margaret L. Sturgis</u> <u>2009 Pontiac Trail</u> <u>Ann Arbor MI 48105</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>8/14/2013</u>	6. Amount <u>\$25.00</u> 7. Cumulative <u>\$25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization <input checked="" type="radio"/>	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2 Name & Address: <u>David A. DeVarti</u> <u>1231 Baldwin ave.</u> <u>Ann Arbor MI, 48104</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>9/6/2013</u>	6. Amount <u>\$100.00</u> 7. Cumulative <u>\$100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization <input checked="" type="radio"/>	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 Name & Address: <u>Samuel D. R. DeVarti</u> <u>1231 Baldwin ave.</u> <u>Ann Arbor MI 48104</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>9/6/2013</u>	6. Amount <u>\$205.00</u> 7. Cumulative <u>\$205.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Line Cook</u> Employer <u>Northside Grill</u>		Click Here for Memo Itemization <input checked="" type="radio"/>	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 Name & Address: <u>Jeannette L. Duane</u> <u>2744 Kimberly rd.</u> <u>Ann Arbor MI 48104-6453</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>9/7/2013</u>	6. Amount <u>\$75.00</u> 7. Cumulative <u>\$75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization <input checked="" type="radio"/>	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal \$405.00

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A**

**CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2013-026  
2. Committee Name Sam DeVardi For 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 all contributions regardless of amount.

6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
-----------	---

3. Contribution # 1 PAC Receipt?  YES 4. Date of Receipt 10/15/13  
Name & Address:

Rebecca S. Eisenberg  
1508 Granger  
Ann Arbor MI 48104

\$ 100.00 \$ 100.00

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Click Here for Memo Itemization

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution # 2 PAC Receipt?  YES 4. Date of Receipt 10/18/13  
Name & Address:

Robin A. Kaplan  
402 Virginia ave.  
Ann Arbor MI 48103-4136

\$ 80.00 \$ 80.00

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Click Here for Memo Itemization

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution # 3 PAC Receipt?  YES 4. Date of Receipt 10/18/13  
Name & Address:

Thaddeus A. Jabzanka  
1400 Morton ave. APT 1C  
Ann Arbor MI 48104

\$ 40.00 \$ 40.00

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Click Here for Memo Itemization

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution # 4 PAC Receipt?  YES 4. Date of Receipt 10/21/13  
Name & Address:

James Koli  
7755 Warner Rd  
Saline MI. 48176

\$ 300.00 \$ 300.00

5. If over \$100.00 cumulative, please provide:

Occupation Restaurant Owner Employer Northside Grill

Click Here for Memo Itemization

Business Address 1015 Broadway st. Ann Arbor MI 48106

Type of Contribution:  Direct  Loan from a person  Fund Raiser

Page Subtotal \$520.00

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2013-026  
2. Committee Name Sam DeVarti For 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>9/14/13</u> Name & Address: <u>Andy Buchsbaum</u> <u>1715 David crt</u> <u>Ann Arbor MI 48105</u>	<u>\$20.00</u>	<u>\$20.00</u>
5. If over \$100.00 cumulative, please provide: <span style="float: right;">Click Here for Memo Itemization </span> Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____ Name & Address:	\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: <span style="float: right;">Click Here for Memo Itemization </span> Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____ Name & Address:	\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: <span style="float: right;">Click Here for Memo Itemization </span> Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____ Name & Address:	\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: <span style="float: right;">Click Here for Memo Itemization </span> Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal \$20.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule) \$946.00

Enter this total on line 3a of Summary Page.



**ITEMIZED IN-KIND CONTRIBUTIONS**

**SCHEDULE 1-IK**

1. Committee I. D. Number C-2013-026

**CANDIDATE COMMITTEE**

2. Committee Name Sam DeVarti for Council

3. Name and Address from whom received <small>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). Report all in-kind contributions.</small>	4. Type of In-Kind Contribution (Check applicable box)	5. Date of Receipt	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <u>David A. DeVarti</u> <u>1231 Baldwin ave</u> <u>Ann Arbor MI 48104</u> If over \$100.00 cumulative, please provide: Occupation: <u>Retired Publisher</u> Employer Name & Business Address: <u>Artist</u> <u>N/A</u>	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN	<u>9/30/13</u>	<u>\$ 625.40</u>	<u>\$ 725.40</u>
Description <u>Yard Signs</u> 6. Vendor Name & Address: <u>Sawicki &amp; Son</u> <u>1521 W. Lafayette Blvd.</u> <u>Detroit MI 48216</u> Click Here for Memo Itemization <input checked="" type="radio"/>				
<input type="checkbox"/> Fund Raiser Contribution				
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> 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: Click Here for Memo Itemization <input type="radio"/>				
<input type="checkbox"/> Fund Raiser Contribution				
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> 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: Click Here for Memo Itemization <input type="radio"/>				
<input type="checkbox"/> Fund Raiser Contribution				

Page Subtotal \$625.40

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule) \$625.40

Enter this total  
on line 6 of Summary  
Page



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2013-026

2. Committee Name Sam DeVarti for Council

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
<p>Expenditure #1 Name <u>U of M Credit Union</u> Address <u>P.O. Box 7850 Ann Arbor MI 48107</u> <input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>Bank Fees</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>9/30/13</u> Date</p>	<p><u>\$ 6.00</u></p> <p>Click Here for Memo Itemization Type </p>
<p>Expenditure #2 Name <u>practical political consulting, inc</u> Address <u>920 W. Washington ave. Lansing MI 48906</u> <input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>Voter Lists</u> <del>Lists</del></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>10/24/13</u> Date</p>	<p><u>\$ 685.42</u></p> <p>Click Here for Memo Itemization Type </p>
<p>Expenditure #3 Name _____ Address _____ <input type="checkbox"/> Fund Raiser</p>	<p>Purpose: _____</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p>_____ Date</p>	<p>\$ _____</p> <p>Click Here for Memo Itemization Type </p>
<p>Expenditure #4 Name _____ Address _____ <input type="checkbox"/> Fund Raiser</p>	<p>Purpose: _____</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p>_____ Date</p>	<p>\$ _____</p> <p>Click Here for Memo Itemization Type </p>
<p>Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser</p>	<p>Purpose: _____</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p>_____ Date</p>	<p>\$ _____</p> <p>Click Here for Memo Itemization Type </p>

Subtotal this page \$691.42

Grand Total of all Schedules 1B  
(Complete on last page of Schedule) \$691.42

Enter this total  
on line 8a of  
Summary Page



**DEBTS AND OBLIGATIONS  
SCHEDULE 1E  
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2013-026

2. Committee Name Sam DeVarti for Council

This Schedule itemizes:

a  Debts and obligations owed by or forgiven the committee OR b.  Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>David DeVarti</u> <u>1231 Baldwin ave.</u> <u>Ann Arbor MI 48104</u>	4. Type: <u>Reimbursement</u> <u>For sign purchase</u> 5. <u>Date Debt Was Incurred:</u> <u>9/30/13</u> 6. <u>Original Amount of Debt:</u> <u>\$ 625.40</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>625.40</u>  <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____  <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____  <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) \$625.40  
 Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee) \$625.40

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.