



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**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.

<b>1. Committee I.D. Number</b> 00136969-50		<b>3. This Statement covers From:</b> 01/01/15 to 10/18/15	
<b>2. Committee Name</b> CTE Barbara A. Ziarko		<b>4. Candidate Last Name</b> Ziarko <b>First Name</b> Barbara <b>M.I.</b> A <b>4a. Office Sought Including District # or Community Served (If applicable)</b> Sterling Heights City Council <b>4b. County of Residence</b> MACOMB	
<b>5. Committee's Mailing Address</b> 13805 Deepwood Court Sterling Heights, MI 48312  Area Code and Phone (586) 939-0332 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.		<b>6. Treasurer's Name &amp; Residential Address</b> Barbara A. Ziarko 13805 Deepwood Court Sterling Heights, MI 48312  Area Code & Phone (586) 939-0332	
<b>7. Treasurer's Business Address</b> 13805 Deepwood Court Sterling Heights, MI 48312  Area Code and Phone (586) 939-0332		<b>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)</b> Barbara A. Ziarko  Area Code and Phone (586) 939-0332	
<b>9. TYPE OF STATEMENT</b> 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> 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"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus  Date of Election, Convention or Caucus 11/03/15		<b>9e. Dissolution of Candidate Committee</b> <input type="checkbox"/> 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.	
<b>10. Verification:</b> 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 Barbara A. Ziarko Type or Print Name		Signature: <i>Barbara Ziarko</i> Date: 10-19-15	
Candidate Barbara A. Ziarko Type or Print Name		Signature: <i>Barbara Ziarko</i> Date: 10-19-15	

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MACOMB COUNTY  
HT. CLEMENS, MI



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number

0136969-50

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name

CTE Barbara A. Ziarko

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	13,430.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$	13,430.00	(18.) \$
<b>4. Other Receipts (Schedule 1A -1, Column 6)</b>	(4.) \$	95.28	(19.) \$
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$	13,525.28	(20.) \$
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>			
<b>6. In-Kind Contributions (Schedule 1-IK, Column 7)</b>	(6.) \$	721.42	(21.) \$
<b>7. In-Kind Expenditures (Schedule 1B-IK, Column 6)</b>	(7.) \$	Ø	(22.) \$
<b>EXPENDITURES</b>			
<b>8. Expenditures</b>			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	10,132.24	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	Ø	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	Ø	
<b>9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)</b>	(9.) \$	10,132.24	(23.) \$
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)			
<b>10. Disbursements</b>			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	Ø	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	Ø	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$	Ø	(24.) \$
<b>DEBTS AND OBLIGATIONS</b>			
<b>12. Debts and Obligations</b>			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	3600.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$		
<b>BALANCE STATEMENT</b>			
<b>13. Ending Balance of last report filed</b> (Enter zero if no previous reports have been filed.)	(13.) \$	474.92	
<b>14. Amount received during reporting period</b> (Line 5, Total Contributions & Other Receipts)	(14.) + \$	13,525.28	
<b>15. SUBTOTAL Add lines 13 and 14</b>	(15.) = \$	14,000.20	
<b>16. Amount expended during reporting period</b> (Add lines 9 and 11)	(16.) - \$	10,132.24	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$	3,867.96	



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 0136969-50  
2. Committee Name CTE Barbara A. Ziarko

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>4/16/15</u>	
Name & Address: <u>Dominic Tringali</u> <u>37266 Jefferson Ave.</u> <u>Harrison Twp, MI 48045</u>		\$ <u>150.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Businessman</u> Employer <u>self</u>		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/17/15</u>	
Name & Address: <u>Fazlullah Khan</u> <u>5238 Windmill Dr.</u> <u>Troy, MI 48085</u>		\$ <u>150.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Businessman</u> Employer <u>self</u>		Click Here for Memo Itemization	
Business Address <u>43415 Schoenherr Sterling Heights, MI 48313</u>			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/15/15</u>	
Name & Address: <u>Walter Alix</u> <u>3233 N. Elder</u> <u>West Bloomfield, MI 48324</u>		\$ <u>150.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Businessman</u> Employer <u>self</u>		Click Here for Memo Itemization	
Business Address <u>3233 N. Elder, W. Bloomfield MI 48324</u>			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/18/15</u>	
Name & Address: <u>John Bologna</u> <u>19135 Saxon Dr.</u> <u>Beverly Hills, MI 48025</u>		\$ <u>150.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Businessman</u> Employer <u>JHB Association</u>		Click Here for Memo Itemization	
Business Address <u>19135 Saxon pr, Beverly Hills, MI 48025</u>			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 600.00  
Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 0136969-50  
2. Committee Name CTE Barbara A. Ziarko

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>4/17/15</u> Name & Address: <u>Martin Brown</u> <u>14300 15 Mile Rd.</u> <u>Sterling Heights, MI 48312</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 checked="" type="checkbox"/> Fund Raiser	\$ <u>25.00</u>	\$ _____ <a href="#">Click Here for Memo Itemization</a>
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>4/16/15</u> Name & Address: <u>Carol Froling</u> <u>5440 Brookdale Rd.</u> <u>Bloomfield Hills, MI 48304</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Businesswoman</u> Employer <u>Froling Properties</u> Business Address <u>5440 Brookdale, Bloomfield Hills, MI 48304</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>150.00</u>	\$ _____ <a href="#">Click Here for Memo Itemization</a>
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>4/18/15</u> Name & Address: <u>Larry Scott</u> <u>12900 Hall Rd.</u> <u>Sterling Heights, MI 48314</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>O'Reilly Rancillo</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>150.00</u>	\$ _____ <a href="#">Click Here for Memo Itemization</a>
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>4/20/15</u> Name & Address: <u>Thomas Guastello</u> <u>34120 Woodward</u> <u>Birmingham, MI 48009</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Center Management</u> Business Address <u>34120 Woodward, Birmingham, MI 48009</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>150.00</u>	\$ _____ <a href="#">Click Here for Memo Itemization</a>

Page Subtotal

475.00

Grand Total of All Schedules 1A  
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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 0136969-50

2. Committee Name CTE Barbara A. Ziarko

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 4/20/15

Name & Address:

Kevin Denha  
40700 Woodward Ave. Ste. 250  
Bloomfield Hills, MI 48304

\$ 75.00

\$ \_\_\_\_\_

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

[Click Here for Memo Itemization](#)

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

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

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 4/21/15

Name & Address

Wayne Dehmke  
17610 21 Mile Rd.  
Macomb, MI 48044

\$ 75.00

\$ \_\_\_\_\_

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

[Click Here for Memo Itemization](#)

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

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

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES

4. Date of Receipt 4/21/15

Name & Address:

John Fenn  
13288 Lillian Ln.  
Sterling Heights, MI 48313

\$ 75.00

\$ \_\_\_\_\_

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

[Click Here for Memo Itemization](#)

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

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

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES

4. Date of Receipt 4/21/15

Name & Address

Raymond Bianchini  
50413 Central Industrial Dr.  
Shelby Township, MI 48315

\$ 75.00

\$ \_\_\_\_\_

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

[Click Here for Memo Itemization](#)

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

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

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Page Subtotal

300.00

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

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MICHIGAN DEPARTMENT OF STATE  
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6. Amount

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

3. Contribution # 1

PAC Receipt? ☐ YES

4. Date of Receipt 4/30/15

Name & Address:

Darryl Onderik  
53245 Sams Lane  
Chesterfield, MI 48047

\$ 150.00

\$ \_\_\_\_\_

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

Occupation MUSICIAN Employer SELF

[Click Here for Memo Itemization](#)

Business Address 53245 Sams Lane Chesterfield, MI 48047

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #2

PAC Receipt? ☐ YES

4. Date of Receipt 5/2/15

Name & Address

Mark Hurst  
54290 Bryce Canyon Trl.  
Macomb, MI 48042

\$ 150.00

\$ \_\_\_\_\_

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

Occupation CPA Employer Plante Moran

[Click Here for Memo Itemization](#)

Business Address 19176 Hall Rd, Clinton Twp, MI 48308

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 3

PAC Receipt? ☐ YES

4. Date of Receipt 5/1/15

Name & Address:

Steven, Daniel & Edward Mancini  
6850 Nineteen Mile Rd  
Sterling Heights, MI 48314

\$ 75.00

\$ \_\_\_\_\_

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 4/28/15

Name & Address

Jennifer Wiegand Klieman  
13400 30 Mile Rd.  
Washington, MI 48095

\$ 300.00

\$ \_\_\_\_\_

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

Occupation BUSINESS OWNER Employer MAC TRUCK

[Click Here for Memo Itemization](#)

Business Address 31500 Mound Rd, Ster. Hgts, MI 48310

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Page Subtotal

675.00

Grand Total of All Schedules 1A  
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MICHIGAN DEPARTMENT OF STATE  
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ITEMIZED CONTRIBUTIONS  
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CANDIDATE COMMITTEE

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3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>4/22/15</u> Name & Address: <u>ROY ROSE</u> <u>55620 Woodridge Dr.</u> <u>Shelby Township, MI 48316</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 checked="" type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ _____ <a href="#">Click Here for Memo Itemization</a>
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>4/25/15</u> Name & Address: <u>Armenag Kalaydjian</u> <u>845 Orchard Ridge Dr.</u> <u>Bloomfield, MI 48304</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Businessman</u> Employer <u>Self</u> Business Address <u>same as above</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ _____ <a href="#">Click Here for Memo Itemization</a>
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>4/30/15</u> Name & Address: <u>Grace Backus</u> <u>45550 Vaner Ave.</u> <u>Utica, MI 48317</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 checked="" type="checkbox"/> Fund Raiser	\$ <u>75.00</u>	\$ _____ <a href="#">Click Here for Memo Itemization</a>
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____ Name & Address: <u>Valiena Allison</u> <u>6385 Wall Street</u> <u>Sterling Heights, MI 48312</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>EMI</u> Business Address <u>6385 Wall St. Sterling Heights, MI 48312</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>150.00</u>	\$ _____ <a href="#">Click Here for Memo Itemization</a>

Page Subtotal 575.00

Grand Total of All Schedules 1A  
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**ITEMIZED CONTRIBUTIONS  
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 0136969-50  
2. Committee Name CTE Barbara A. Ziarko

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>4/27/15</u> Name & Address: <u>JOZEF SRODEK</u> <u>2773 NORWALK ST.</u> <u>HAMTRAMCK, MI 48212</u>		\$ <u>150.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>SELF</u> Business Address <u>9601 JOSEPH CAMPAN, HAMTRAMCK, MI 48212</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/22/15</u> Name & Address: <u>PASHKO UJKIC</u> <u>38346 PHYLLIS CT.</u> <u>STERLING HEIGHTS, MI 48312</u>		\$ <u>150.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>DODGE PARK CONEY</u> Business Address <u>35252 DODGE PARK STERLING HGTS, MI 48312</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/1/15</u> Name & Address: <u>ANTHONY MARROCCO VICTORY PAC</u> <u>P.O. BOX</u> <u>MT. CLEMENS, MI 48046</u>		\$ <u>75.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>5/2/15</u> Name & Address: <u>STERLING HEIGHTS FIRE FIGHTERS UNION LOCAL 1557</u> <u>38911 VAN DYKE</u> <u>STERLING HEIGHTS, MI 48312</u>		\$ <u>150.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 525.00

Grand Total of All Schedules 1A  
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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 0136969-50  
2. Committee Name CTE Barbara A. Ziarko

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 checked="" type="checkbox"/> YES 4. Date of Receipt <u>4/30/15</u> Name & Address: <u>Waste Management Employees Better Government Fund of Michigan</u> <u># 502752</u> <u>40797 Alpha Dr. Ste. 100</u> <u>Wixom, MI 48393</u>	\$ <u>500.00</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 checked="" type="checkbox"/> Fund Raiser		
Click Here for Memo Itemization		
3. Contribution #2 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>4/27/15</u> Name & Address: <u>Rizzo Environmental Services PAC</u> <u>6200 Elmridge Dr.</u> <u>Sterling Heights, MI 48313</u>	\$ <u>750.00</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 checked="" type="checkbox"/> Fund Raiser		
Click Here for Memo Itemization		
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/15/15</u> Name & Address: <u>Calcaterra Wujek Investment Co.</u> <u>36900 Schoenherr Rd.</u> <u>Sterling Heights, MI 48312</u>	\$ <u>300.00</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 checked="" type="checkbox"/> Fund Raiser		
Click Here for Memo Itemization		
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/16/15</u> Name & Address: <u>Alan Casmere</u> <u>33400 Maple Lane Rd.</u> <u>Sterling Heights, MI 48312</u>	\$ <u>200.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>SELF</u> Business Address <u>33400 Maple Lane Sterling Hgts, MI 48312</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
Click Here for Memo Itemization		

Page Subtotal 1750.00

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

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line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 0136969-50  
2. Committee Name CTE Barbara A. Ziarko

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)
<p>3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/20/15</u></p> <p>Name &amp; Address: <u>Shant Sheridan</u> <u>23670 Ryan Rd.</u> <u>Warren, MI 48091</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>owner</u> Employer <u>self</u> Business Address <u>23670 Ryan Rd, Warren, MI 48091</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>500.00</u>	\$ _____
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/11/15</u></p> <p>Name &amp; Address: <u>DON DENAULT</u> <u>15731 Marcie</u> <u>Fraser, MI 48026</u></p> <p>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 checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>75.00</u>	\$ _____
<p>3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/13/15</u></p> <p>Name &amp; Address: <u>Laura Kaszubski</u> <u>1096 Brompton Rd.</u> <u>Rochester Hills, MI 48309</u></p> <p>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</p>		\$ <u>75.00</u>	\$ _____
<p>3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/18/15</u></p> <p>Name &amp; Address: <u>Robert Simpson</u> <u>14436 Edshire</u> <u>Stening Heights, MI 48312</u></p> <p>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</p>		\$ <u>50.00</u>	\$ _____

Page Subtotal

700.00

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

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 0136969-50  
2. Committee Name CTE Barbara A. Ziarko

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>5/13/15</u>	
Name & Address: <u>Clark Andrews</u> <u>53985 Sutherland Ln.</u> <u>Shelby Township, MI 48316</u>		\$ <u>75.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5/13/15</u>	
Name & Address: <u>Tim Malone</u> <u>14708 Carmel</u> <u>Sterling Heights, MI 48312</u>		\$ <u>75.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/22/15</u>	
Name & Address: <u>Charles Turnbull</u> <u>53957 Sutherland</u> <u>Shelby Township, MI 48316</u>		\$ <u>75.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5/15/15</u>	
Name & Address: <u>Jeffrey Bahorski</u> <u>3210 Farmdale</u> <u>Sterling Heights, MI 48314</u>		\$ <u>75.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

300.00

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

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 0136969-50  
2. Committee Name CTE Barbara A. Ziarko

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>5/20/15</u> Name & Address: <u>Wayne Davis</u> <u>3054 Aiden</u> <u>Sterling Heights, MI 48310</u>		\$ <u>100.00</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 <u>5/20/15</u> Name & Address: <u>Christine Guzik</u> <u>13817 Deepwood Ct.</u> <u>Sterling Heights, MI 48312</u>		\$ <u>100.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/20/15</u> Name & Address: <u>Ronald Suwinski</u> <u>3204 Barton</u> <u>Sterling Heights, MI 48310</u>		\$ <u>100.00</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 # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/20/15</u> Name & Address: <u>Christino Dib</u> <u>30359 Lund Ave</u> <u>Warren, MI 48093</u>		\$ <u>100.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

400.00

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 0136969-50

2. Committee Name CTE Barbara A. Ziarko

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>5/19/15</u> Name & Address: <u>Phil Ruggen</u> <u>55764 St. Regis</u> <u>Shelby Township, MI 48316</u>		\$ <u>250.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>attorney</u> Employer <u>self</u> Business Address <u>43231 Schoenherr, Sterling Hgts, MI 48314</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/20/15</u> Name & Address: <u>Brian Ondenik</u> <u>33944 Viceroy</u> <u>Sterling Hgts, MI 48310</u>		\$ <u>150.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Educator</u> Employer <u>Kaplan</u> Business Address <u>25300 Telegraph Rd Southfield, MI 48034</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/20/15</u> Name & Address: <u>J. Oram</u> <u>4585 Arino Rd.</u> <u>W. Bloomfield, MI 48323</u>		\$ <u>150.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>owner</u> Employer <u>VIP Realty</u> Business Address <u>29551 Greenfield, Southfield, MI 48076</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/20/15</u> Name & Address: <u>Robert Ziarko</u> <u>2086 Jem Path</u> <u>The Villages, FL 32162</u>		\$ <u>200.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Engineer</u> Employer <u>Retired</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

750.00

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

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line 3a of Summary  
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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 0136969-50  
2. Committee Name CTE Barbara A. Ziarko

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>5/20/15</u> Name & Address: <u>Richard Kolaginski</u> <u>14795 Patterson Rd</u> <u>Shelby Township, MI 48315</u>		\$ <u>100.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/20/15</u> Name & Address: <u>Gerald Gleisler</u> <u>14407 Edshire</u> <u>Sterling Heights, MI 48312</u>		\$ <u>100.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/20/15</u> Name & Address: <u>Margaret Vandora</u> <u>2144 Forest Mead Dr.</u> <u>Sterling Heights, MI 48314</u>		\$ <u>75.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: <u>Yvonne Kniaz</u> <u>14014 Parnell</u> <u>Sterling Heights, MI 48313</u>		\$ <u>50.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 325.00

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

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 0136969-50  
2. Committee Name CTE Barbara A. Ziarko

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>5/20/15</u> Name & Address: <u>Thomas Vankula</u> <u>4870 Pebble Creek E. Apt. 5</u> <u>Shelby Township, MI 48317</u>		\$ <u>30.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/4/15</u> Name & Address: <u>Scott Purtil</u> <u>1200 Glastonbury Dr.</u> <u>St. Johns, MI 48079</u>		\$ <u>75.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/23/15</u> Name & Address: <u>Lou's Longo II</u> <u>1440 cascade Ln.</u> <u>Barrington, IL 60010</u>		\$ <u>75.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>5/11/15</u> Name & Address: <u>Ford Motor Company Civic Action Fund PAC</u> <u>The American Dr.</u> <u>Dearborn, MI 48121</u>		\$ <u>75.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 255.00

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

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 0136969-50  
2. Committee Name CTE Barbara A. Ziarko

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>5/20/15</u> Name & Address: <u>Tim Doppel</u> <u>41538 Vancouver</u> <u>Sterling Heights, MI 48314</u>		\$ <u>100.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/20/15</u> Name & Address: <u>Kathryn McGrath</u> <u>11134 Lorman</u> <u>Sterling Heights, MI 48312</u>		\$ <u>100.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/20/15</u> Name & Address: <u>Rosario Buffa</u> <u>29225 Red Maple Ln.</u> <u>Chesterfield, MI 480051</u>		\$ <u>50.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/20/15</u> Name & Address: <u>Jane Kluk</u> <u>3204 Barton</u> <u>Sterling Heights, MI 48310</u>		\$ <u>50.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 300.00

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

Enter this total on  
line 3a of Summary  
Page.





MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 0136969-50  
2. Committee Name CTE Barbara A. Ziarko

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 checked="" type="checkbox"/> YES 4. Date of Receipt <u>9/1/15</u> Name & Address: <u>Mitten Leadership Fund - PAC 517221</u> <u>971 Dressler Ln.</u> <u>Rochester Hills, MI 48307</u>		\$ <u>5000.00</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 4. Date of Receipt <u>8/26/15</u> Name & Address: <u>John Klik</u> <u>43173 Fortner Dr.</u> <u>Sterling Heights, MI 48313</u>		\$ <u>100.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/10/15</u> Name & Address: <u>Waste Management Employees Better</u> <u>Government Fund of Michigan #502752</u> <u>48797 Alpha Dr. Ste. 100</u> <u>Wixom, MI 48393</u>		\$ <u>250.00</u>	\$ <u>750.00</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 checked="" type="checkbox"/> YES 4. Date of Receipt <u>7/3/15</u> Name & Address: <u>Sterling Heights Police Officers Association</u> <u>PAC</u> <u>PO Box 546</u> <u>Sterling Heights, MI 48311</u>		\$ <u>150.00</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	

Page Subtotal 5,500.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule) 13,430.00

Enter this total on  
line 3a of Summary  
Page.



ITEMIZED OTHER RECEIPTS  
SCHEDULE 1A-1

CANDIDATE COMMITTEE

1. Committee I.D. Number 0136969-50

2. Committee Name CTE Barbara A. Ziarko

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: CTE Michael Taylor 35651 Kensington Str. Hgts, MI 48312 <input type="checkbox"/> Fund Raiser	Date of Receipt <u>9/13/15</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input checked="" type="checkbox"/> Other (Specify) <u>Reimbursement-flowers</u>	\$ <u>15.88</u>
Receipt #2 Name & Address: Friends of Doug Skryniarz PO Box 7005 Sterling Hgts, MI 48311 <input type="checkbox"/> Fund Raiser	Date of Receipt <u>9/13/15</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input checked="" type="checkbox"/> Other (Specify) <u>Reimbursement-flowers</u>	\$ <u>15.88</u>
Receipt #3 Name & Address: CTE Deanna Koski 15079 Harvest Meadows Sterling Hgts, MI 48313 <input type="checkbox"/> Fund Raiser	Date of Receipt <u>9/13/15</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input checked="" type="checkbox"/> Other (Specify) <u>Reimbursement-flowers</u>	\$ <u>15.88</u>
Receipt #4 Name & Address: CTE Joseph V. Romano 12236 Grindley Sterling Hgts, MI 48312 <input type="checkbox"/> Fund Raiser	Date of Receipt <u>9/13/15</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input checked="" type="checkbox"/> Other (Specify) <u>Reimbursement-flowers</u>	\$ <u>15.88</u>
Receipt #5 Name & Address: CTE Maria G. Schmidt 35755 Woodvilla Sterling Hgts, MI 48312 <input type="checkbox"/> Fund Raiser	Date of Receipt <u>9/13/15</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input checked="" type="checkbox"/> Other (Specify) <u>Reimbursement-flowers</u>	\$ <u>15.88</u>
Receipt #6 Name & Address: CTE Nathan Shannon 40256 Diane Sterling Hgts, MI 48313 <input type="checkbox"/> Fund Raiser	Date of Receipt <u>9/13/15</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input checked="" type="checkbox"/> Other (Specify) <u>Reimbursement-flowers</u>	\$ <u>15.88</u>
Receipt #7 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____	\$ _____

Page Subtotal 95.28

Grand Total of All Schedules 1A -1  
(Complete on last page of Schedule) 95.28

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line 4 of Summary  
Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 013109109-50  
2. Committee Name CTE Barbara A. Ziarko

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). Report all 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 Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input checked="" type="checkbox"/> Yes Name & Address: <u>Sterling Hgts. Firefighters</u> <u>38911 Vandyke Union 1557</u> <u>Sterling Hgts, MI 48310</u> If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Food</u> 5. Date Of Receipt: <u>2/11/15</u> 6. Vendor Name & Address: <u>Century Banquet Center</u> <u>33204 Maple Lane</u> <u>Sterling Hgts, MI 48312</u>	<u>\$ 71.42</u>	
<input type="checkbox"/> Fund Raiser Contribution	Click Here for Memo Itemization		
Contribution # 2 PAC Receipt? <input checked="" type="checkbox"/> Yes Name & Address: <u>Rizzo Environmental PAC</u> <u>6200 Elmridge</u> <u>Sterling Hgts, MI 48313</u> If over \$100.00 cumulative, please provide: Occupation: Employer 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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Food</u> 5. Date Of Receipt: <u>2/12/15</u> 6. Vendor Name & Address: <u>Century Banquet Center</u> <u>33204 Maple Lane</u> <u>Sterling Hgts, MI 48312</u>	<u>\$ 250.00</u>	
<input type="checkbox"/> Fund Raiser Contribution	Click Here for Memo Itemization		
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: <u>Barb Ziarko</u> <u>13805 Deepwood Ct.</u> <u>Sterling Hgts, MI 48312</u> If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer 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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>MUSIC for fundraiser</u> 5. Date Of Receipt: <u>5/20/15</u> 6. Vendor Name & Address:	<u>\$ 400.00</u>	
<input type="checkbox"/> Fund Raiser Contribution	Click Here for Memo Itemization		

Page Subtotal 721.42

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule) 721.42

Enter this total  
on line 6 of Summary  
Page



1. Committee I. D. Number 0136969-50

2. Committee Name CTE Barbara A. Ziarko

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2 Name <u>APCC ACS Fundraiser</u> Address <u>33204 Maple Ln.</u> <u>Sterling Hgts, MI 48312</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Placemat Ad</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>1/12/15</u> Date	<u>\$ 50.00</u> <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #3 Name <u>Doug Skrzyniarz</u> Address <u>P.O. Box 7005</u> <u>Sterling Heights, MI 48312</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>1/29/15</u> Date	<u>\$ 190.00</u> <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #4 Name <u>Office Max</u> Address <u>37600 Van Dyke</u> <u>Sterling Hgts, MI 48312</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Invitations</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3/29/15</u> Date	<u>\$ 59.63</u> <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #5 Name <u>Office Max</u> Address <u>37600 Van Dyke</u> <u>Sterling Heights, MI</u> <u>48312</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Invitations</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3/29/15</u> Date	<u>\$ 35.56</u> <a href="#">Click Here for Memo Itemization Type</a>

Subtotal this page 335.19

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

Enter this total  
on line 8a of  
Summary Page



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 0136969-50  
2. Committee Name CTE Barbara A. Ziarko

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Triangle Printing</u> Address <u>30520 Gratiot Ave. Roseville, MI 48066</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing Fundraiser tickets</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/8/15</u> Date	<u>\$ 68.90</u>
Expenditure #2 Name <u>Postmaster</u> Address <u>7007 Metro Pkwy. Sterling Hgts, MI 48312</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser Postage</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/10/15</u> Date	<u>\$ 196.00</u>
Expenditure #3 Name <u>CTE Nate Shannon</u> Address <u>40256 Diane Dr. Sterling Hgts, MI 48313</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser Ticket</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/30/15</u> Date	<u>\$ 50.00</u>
Expenditure #4 Name <u>Kroger</u> Address <u>13700 E. 14 Mile Rd Warren, MI 48088</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser centerpieces</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/11/15</u> Date	<u>\$ 101.63</u>
Expenditure #5 Name <u>Meijer</u> Address <u>34835 Utica Rd Fraser, MI 48026</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser Food</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/14/15</u> Date	<u>\$ 62.87</u>

Subtotal this page 479.40

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

Enter this total  
on line 8a of  
Summary Page



ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

1. Committee I. D. Number 0136969-50  
2. Committee Name CTE Barbara A. Ziarko

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Gordon Food Services</u> Address <u>7835 Convention Blvd. Warren, MI 48092</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Food for Fundraiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/14/15</u> Date	<u>\$ 44.11</u>
Expenditure #2 Name <u>Sam's Club</u> Address <u>45600 Utica Park Blvd. Utica, MI 48315</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Cookies for election day</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/1/15</u> Date	<u>\$ 129.74</u>
Expenditure #3 Name <u>Connie Kurczewski</u> Address <u>41345 Greenspire Dr. Clinton Twp. MI 48038</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Cookies for fundraiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/20/15</u> Date	<u>\$ 90.00</u>
Expenditure #4 Name <u>APCC</u> Address <u>33204 Maple Lane Sterling Hgts, MI 48312</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Sign for festival</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/17/15</u> Date	<u>\$ 100.00</u>
Expenditure #5 Name <u>SH Band Boosters</u> Address <u>12901 15. Mile Rd Sterling Hgts, MI 48312</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Hole Sponsorship</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/23/15</u> Date	<u>\$ 50.00</u>

Subtotal this page

413.85

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

Enter this total  
on line 8a of  
Summary Page



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 0136969-50  
2. Committee Name CTE Barbara A. Ziarko

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>St. Malachy</u> Address <u>14115 E. 14 Mile Rd.</u> <u>Sterling Hgts, MI 48312</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Festival Sign</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/1/15</u> Date	<u>\$ 100.00</u>
Expenditure #2 Name <u>American Ink</u> Address <u>23812 Groesbeck Hwy.</u> <u>Clinton Twp, MI 48035</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Door Hanger</u> <u>Print Piece</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/18/15</u> Date	<u>\$ 506.36</u>
Expenditure #3 Name <u>Manhattan Mailers</u> Address <u>51132 Milano DR.</u> <u>Macomb, MI 48042</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Pasta Party</u> <u>Mailer</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/18/15</u> Date	<u>\$ 246.82</u>
Expenditure #4 Name <u>Bronco Printing</u> Address <u>21841 Dequindre</u> <u>Hazel Park, MI 48030</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Business Cards</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/9/15</u> Date	<u>\$ 180.00</u>
Expenditure #5 Name <u>Thrifty Flowers</u> Address <u>34838 Dequindre</u> <u>Sterling Hgts, MI 48313</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Flowers for Pasta</u> <u>Party</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/12/15</u> Date	<u>\$ 111.21</u>

Subtotal this page

1,144.39

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

Enter this total  
on line 8a of  
Summary Page



**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number 0136969-50

2. Committee Name CTE Barbara A. Ziarko

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>CTE Maria Schmidt</u> Address <u>35651 Kensington</u> <u>Sterling Hgts, MI 48312</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>cake for Pasta</u> <u>Party</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/15/15</u> Date	<u>\$ 40.42</u>
Expenditure #2 Name <u>Tony Licata</u> Address <u>8874 Houghton</u> <u>Sterling Hgts, MI 48314</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Photos</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/13/15</u> Date	<u>\$ 100.00</u>
Expenditure #3 Name <u>Bronco Printing</u> Address <u>21841 Dequindre</u> <u>Hazel Park, MI 48030</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Labels for</u> <u>Election Day</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/15/15</u> Date	<u>\$ 121.90</u>
Expenditure #4 Name <u>Bronco Printing</u> Address <u>21841 Dequindre</u> <u>Sterling Hgts, MI 48312</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>City</u> <u>Map Enlargement</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/24/15</u> Date	<u>\$ 25.00</u>
Expenditure #5 Name <u>American Graphics</u> Address <u>34895 Grossbeck</u> <u>Clinton Twp, MI 48035</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Maria / Barb Print</u> <u>Piece</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/28/15</u> Date	<u>\$ 1953.05</u>

Subtotal this page

2,240.37

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

Enter this total  
on line 8a of  
Summary Page





**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 0136969-50  
2. Committee Name CTE Barbara A. Ziarko

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
<b>Expenditure #1</b> Name <u>Manhattan Mailers</u> Address <u>51132 Milano Dr.</u> <u>Macomb, MI 48042</u> <input type="checkbox"/> Fund Raiser	<b>Postage</b> Purpose: <u>Barb Maria Mailer</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/28/15</u> Date	<u>\$3299.78</u> Click Here for Memo Itemization Type
<b>Expenditure #2</b> Name <u>Nightowl Printing</u> Address <u>15130 Beech-Daly Rd.</u> <u>Redford Twp, MI 48239</u> <input type="checkbox"/> Fund Raiser	<b>Printing Slato</b> Purpose: <u>Mailing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/1/15</u> Date	<u>\$526.06</u> Click Here for Memo Itemization Type
<b>Expenditure #3</b> Name <u>Print Masters</u> Address <u>26039 Dequindre</u> <u>Madison Hgts, MI 48071</u> <input type="checkbox"/> Fund Raiser	<b>Postage Slato</b> Purpose: <u>Piece</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/1/15</u> Date	<u>\$1693.20</u> Click Here for Memo Itemization Type
<b>Expenditure #4</b> 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	\$ _____ Click Here for Memo Itemization Type
<b>Expenditure #5</b> 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	\$ _____ Click Here for Memo Itemization Type

Subtotal this page 5519.04  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule) 10132.24  
Enter this total  
on line 8a of  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

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

1. Committee I.D. Number 00136969-50

2. Committee Name CTE Barbara A. Ziarko

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 endorser 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)  <input type="checkbox"/> FORGIVEN
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Tommy Ziarko 13805 Deepwood Court Sterling Heights, MI 48312	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>02/18/05</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,000.00</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 1,000.00 <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: Tommy Ziarko 13805 Deepwood Court Sterling Heights, MI 48312	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>07/01/01</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,100.00</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 1,100.00 <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: Tommy Ziarko 13805 Deepwood Court Sterling Heights, MI 48312	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>04/2003</u> 6. <u>Original Amount of Debt:</u> <u>\$ 900.00</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 900.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

**\$3,000.00**

Grand Total of all Schedules 1E  
(Complete on last page of Schedule showing amounts owed by or to the committee)

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.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

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

1. Committee I.D. Number 00136969-50

2. Committee Name CTE Barbara A. Ziarko

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 endorser 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:  Barbara A. Ziarko 13805 Deepwood Court Sterling Heights, 48312	4. Type: <u>loan</u>  5. <u>Date Debt Was Incurred:</u> <u>05/01/05</u>  6. <u>Original Amount of Debt:</u> <u>\$ 600.00</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)

**\$600.00**

Grand Total of all Schedules 1E  
(Complete on last page of Schedule showing amounts owed by or to the committee)

**\$3,600.00**

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.