



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.

| | | | |
|--|--|---|--|
| 1. Committee I.D. Number 139612 | | 3. This Statement covers From: 10/22/18 to 11/26/18 | |
| 2. Committee Name Committee to elect Barbara Zinner County Commissioner | | 4. Candidate Last Name Zinner First Name Barbara M.I. 4a. Office Sought Including District # or Community Served (If applicable) County Commissioner District 10 4b. County of Residence MACOMB | |
| 5. Committee's Mailing Address 38400 Elmite St. Harrison Township, MI 48045 Area Code and Phone (586) 994-1784 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 Juan Mosqueda 38261 Elmite St. Harrison Township, MI 48045 Area Code & Phone (616) 808-7778 | |
| 7. Treasurer's Business Address None Area Code and Phone | | 8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) Juan Mosqueda 38261 Elmite St. Harrison Township, MI 48045 Area Code and Phone (616) 808-7778 | |
| 9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" 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 11/06/18 | | Required ONLY if candidate is not on the ballot for the current year: <input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly 9c. <input type="checkbox"/> Annual Statement () Coverage Year 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.) | |
| | | 9e. Dissolution of Candidate Committee <input checked="" 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 11/26/18 Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page. | |
| 10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete. | | | |
| Current Treasurer or Designated Record keeper Juan Mosqueda Type or Print Name | | Signature <i>Juan Mosqueda</i> Date 11/19/2018 | |
| Candidate Barbara Zinner Type or Print Name | | Signature <i>Barbara Zinner</i> Date 11/19/2018 | |



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139612

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Committee To Elect Barbara Zinner County Commissioner

| RECEIPTS | | Column I This Period | Column II Cumulative this election cycle |
|---|------------|-------------------------|---|
| 3. Contributions | | | |
| a. Itemized (Schedule 1A - Column 6) | (3a.) \$ | <u>2,494.70</u> | |
| b. Unitemized (less than \$20.01 each - no Schedule) | (3b.) \$ | <u>NOT APPLICABLE</u> | |
| c. Subtotal of "Contributions" | (3c.) \$ | <u>\$1,250.00</u> | (18.) \$ <u>\$1,250.00</u> |
| 4. Other Receipts (Schedule 1A -1, Column 6) | (4.) \$ | <u>\$0.00</u> | (19.) \$ <u>\$0.00</u> |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) | (5.) \$ | <u>\$3,744.70</u> | (20.) \$ <u>\$3,744.70</u> |
| IN-KIND CONTRIBUTIONS & EXPENDITURES | | | |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7) | (6.) \$ | <u>\$0.00</u> | (21.) \$ <u>\$0.00</u> |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6) | (7.) \$ | <u>\$0.00</u> | (22.) \$ <u>\$0.00</u> |
| EXPENDITURES | | | |
| 8. Expenditures | | | |
| a. Itemized (Schedule 1B, Column 6) | (8a.) \$ | <u>\$3,744.70</u> | |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G) | (8b.) \$ | <u>\$0.00</u> | |
| c. Unitemized (less than \$50.01 each - no Schedule) | (8c.) \$ | <u>\$0.00</u> | |
| 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) | (9.) \$ | <u>\$3,744.70</u> | (23.) \$ <u>\$3,744.70</u> |
| INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) | | | |
| 10. Disbursements | | | |
| a. Itemized (Schedule 1C, Column 6) | (10a.) \$ | <u></u> | |
| b. Unitemized (less than \$50.01 each - no Schedule) | (10b.) \$ | <u></u> | |
| 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) | (11.) \$ | <u></u> | (24.) \$ <u></u> |
| DEBTS AND OBLIGATIONS | | | |
| 12. Debts and Obligations | | | |
| a. Owed by the Committee (Schedule 1E) | (12a.) \$ | <u>\$0.00</u> | |
| b. Owed to the Committee (Schedule 1E) | (12b.) \$ | <u>\$0.00</u> | |
| BALANCE STATEMENT | | | |
| 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) | (13.) \$ | <u>\$2,494.70</u> | |
| 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) | (14.) + \$ | <u>\$1,250.00</u> | |
| 15. SUBTOTAL Add lines 13 and 14 | (15.) = \$ | <u>\$3,744.70</u> | |
| 16. Amount expended during reporting period (Add lines 9 and 11) | (16.) - \$ | <u>\$3,744.70</u> | |
| 17. ENDING BALANCE (Subtract line 16 from line 15) | (17.) \$ | <u>\$0.00</u> | * |



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139612
2. Committee Name Committee to Elect Barbara Zinner County Commissioner

| 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>10/22/18</u> Name & Address: Macomb County Republican Committee PO Box 380962 Clinton Twp. MI 48038 | | \$ <u>600.00</u> | \$ <u>600.00</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>10/23/18</u> Name & Address: Zinner Barbara 38400 Elmite St. Harrison Twp. MI 48045 | | \$ <u>500.00</u> | \$ <u>500.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> 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 # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/24/18</u> Name & Address: VanAssche John 38344 Elmite St. Harrison Twp. MI 48045 | | \$ <u>50.00</u> | \$ <u>50.00</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 type="checkbox"/> YES 4. Date of Receipt <u>10/27/18</u> Name & Address: Nader Cecelia 43261 Point Drive Clinton Twp. MI 48038 | | \$ <u>100.00</u> | \$ <u>100.00</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 | |

Page Subtotal **\$1,250.00**

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

\$1,250.00

Enter this total on
line 3a of Summary
Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139612
2. Committee Name Committee To Elect Barbara Zinner County Commissioner

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
|--|---|-------------------------|--------------------|
| Expenditure #1 Name Litho Printing Service Address 21541 Gratiot Eastpoint MI 48021 <input type="checkbox"/> Fund Raiser | Purpose: <u>Design for Adds</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>10/23/18</u> Date | \$ <u>50.00</u> |
| Expenditure #2 Name C & G Publishing INC. Address 13650 11 Mile Rd. Warren MI 48089 <input type="checkbox"/> Fund Raiser | Purpose: <u>Add</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>10/23/18</u> Date | \$ <u>501.00</u> |
| Expenditure #3 Name C&G NewsPapers Address 13650 11 Mile Rd. Warren MI 48089 <input type="checkbox"/> Fund Raiser | Purpose: <u>Add</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>10/24/18</u> Date | \$ <u>1,513.60</u> |
| Expenditure #4 Name C & G Publishing INC. Address 13650 11 Mile Rd. Warren MI 48089 <input type="checkbox"/> Fund Raiser | Purpose: <u>Add</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>10/31/18</u> Date | \$ <u>862.00</u> |
| Expenditure #5 Name CVS Pharmacy Address 40925 Gardfield Rd. Clinton Twp. MI 48038 <input type="checkbox"/> Fund Raiser | Purpose: <u>Avery LBL</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>11/03/18</u> Date | \$ <u>3.06</u> |

Subtotal this page **\$2,929.66**

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 139612
2. Committee Name Committee To Elect Barbara Zinner County Commissioner

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
|---|--|-------------------------|------------------|
| Expenditure #1 Name Barbara Zinner Address 38400 Elmite St. Harrison Twp. MI 48045 <input type="checkbox"/> Fund Raiser | Purpose: <u>Partial Repayment of Loan</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>11/05/18</u> Date | \$ <u>700.00</u> |
| Expenditure #2 Name Barbara Zinner Address 38400 Elmite St. Harrison Twp. MI 48045 <input type="checkbox"/> Fund Raiser | Purpose: <u>Partial Repayment of Loan</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>11/13/18</u> Date | \$ <u>115.04</u> |
| Expenditure #3 Name Address <input type="checkbox"/> Fund Raiser | Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | _____ Date | \$ _____ |
| Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser | Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | _____ Date | \$ _____ |
| Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser | Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | _____ Date | \$ _____ |

Subtotal this page

\$815.04

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

\$3,744.70

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139612
2. Committee Name Committee To Elect Barbara Zinner County Commissioner

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: Zinner Barbara 1000 Direct 38400 Elmitte St. Harrison Twp. MI 48045 | 4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>09/28/18</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,000.00</u> | 11/05/18 \$ 700.00 11/13/18 \$ 115.04 \$ \$ \$ | \$ 815.04 | \$ 184.96 <input checked="" type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____ | | | | |
| Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: Zinner Barbara 1000 Direct 38400 Elmitte St. Harrison Twp. MI 48045 | 4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>10/1/2018</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,000.00</u> | \$ \$ \$ \$ \$ | \$ | \$ 1,000.00 <input checked="" 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) **\$1,184.16**

Grand Total of all Schedules 1E **\$1,184.16**
(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.