

CANDIDATE COMMITTEE COVER PAGE

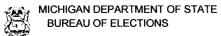
FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed the treasurer (or designated record keeper) and cand	gned by didate.	3. This Statement covers From	· 04/30/18	to 10/	/21/18		
1. Committee I.D. Number		4. Candidate Last Name		First Name		M.I.	
139612		Zinner	Bart	oara			
		4a. Office Sought Including Dis	trict # or Comm	nunity Served (If	applicable)		
2. Committee Name		County Commissioner	r District 1	0			
Committe to elect Barbara Zinner County Comm	nissioner	4b. County of Residence MA	СОМВ				
5. Committee's Mailing Address		6. Treasurer's Name & Resider	ntial Address				
38400 Elmite St.		Juan Mosqueda					
Harrison Township, MI 48045			38261 Elmite St. Harrison Township, MI 48045				
		Harrison Township, I	MI 48045			5	
(596) 004 1794						ź n	
Area Code and Phone (586) 994-1784 If the address in this box is different from the committee					- 25 o	FILED	
mailing address on the Statement of Organization, ma be sent to this address by the filing official.	il may	Area Code & Phone (616) 80	8-7778		- 3 4 1	ם כ	
7. Treasurer's Business Address		Designated Record Keeper' Designated Record Keeper)		ddress (If the cor	mmittee has a	.5	
None		Juan Mosqueda					
		38261 Elmite St.					
		Harrison Township, I	MI 48045				
		(616) 808-7778				
Area Code and Phone		Area Code and Phone (010	<u> </u>	tion of Candidat	e Committee		
9. TYPE OF STATEMENT	Required Of	NLY if candidate					
	is not on the current year	ballot for the	by the commi	king this item I/Wo ittee to the candid	date or his or he	er spouse is here	
Pre-Election or Post-Election Statement relates to:	_		by discharged	d and forgiven, ar	nd no longer co	illectible from nding assets.	
Primary	July Quar	terly	1	s fees or has any		•	
ズ General	October C	Quarterly	Curther if the	dissolution conn	ot be granted	that this he	
			considered a	dissolution cann request for the R	eporting Waive	r.	
Convention							
Special 9	cAnnua	al Statement ()	Effe	ective date of dis	solution		
School	E 21 .	Coverage Year					
Caucus 9	d. X Amer (Com	ndment to Campaign Statement plete Item 9a, 9b, 9c or 9e to	Nata The die	ition of society	ual funda muat	he mosted as	
	indica amen	ite which Statement is being ded)		sposition of residues and the Summar		be reported on	
	uo.	uou.,					
Date of Election, Convention or Caucus							
11/06/18							
10. Verification: \\We certify that all reasonable diligence	re was used	in the preparation of this statement	ent and attache	ed schedules (if a	any) and to the	best of	
my/our knowledge and belief the contents are true, acc	curate and c	omplete.	on and allacin	an companion (ii c	,		
Current Treasurer or Designated Record keeper Juan Mosqued	a	Juan Mos	qued	Date -	11/08/2	:018	
Type or Print Name		Signature Signature	ν <u> </u>	Date -			
Barbara Zinner		V Rayley	2,,,	•	11/08/2) 018	
Candidate		1 Louising	Jum	Date .	11/00/2		
Type or Print Name		Signature					

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name Committee To Elect Barbara Zinner County Commissioner

CANDIDATE COMMITTEE	2. Committee Name	A CONTRACTOR OF THE CONTRACTOR
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		Cumulative this election syste
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 9,812.50	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$_\$8,912.50	(18.) \$ \$8,912.50
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _\$0.00	(19.) \$ \$0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$9,812.50	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ _\$0.00	(21.) \$ \$0.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ \$ 0.00	(22.) \$ \$0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ \$7,317.80	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ \$0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ \$ 0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ \$7,317.80	(23.) \$ \$7,317.80
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ \$0.00	-
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.)\$ \$0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ \$0.00	(24.) \$ \$0.00
DEBTS AND OBLIGATIONS 12. Debts and Obligations		(=1.) \$
a. Owed by the Committee (Schedule 1E)	(12a.) \$ _\$2,000.00	-
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
1	BALANCE STATEMENT	-
13. Ending Balance of last report filed	(13.) \$ \$0.00	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ \$9,812.50	
(Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14	(15.) = \$_\$9,812.50	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ \$7,317.80	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ \$2,494.70	*
(Odbilded line 10 from line 13)	(),,,, w	



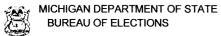
CANDIDATE COMMITTEE

1. Committee I.D. Number

139612

2. Committee Name

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? YES 4. Date of Receipt 05/17/18 Name & Address:	_	
Zinner Barbara 38400 Elmite St. Harrison Twp. MI 48045	_{\$} 46.21	_{\$} 46.21
5. If over \$100.00 cumulative, please provide:	Click Here for	or Memo Itemization
Occupation Retired Employer		
Business Address Type of Contribution: ✓ Direct Loan from a person Fund Raiser	·	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/16/18 Name & Address		
Zinner Barbara 38400 Elmite St. Harrison Twp. MI 48045	_{\$} 116.91	_{\$} 163.12
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Retired Employer		·
Business Address		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 08/24/18 Name & Address:	_	
Zinner Barbara 38400 Elmite St.	_{\$} 360.00	_{\$} 523.12
Harrison Twp. MI 48045 5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Retired Employer		
Business Address Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/25/18 Name & Address		
Zinner Barbara 38400 Elmite St. Harrison Twp. MI 48045	_{\$} 369.58	_{\$} 892.70
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Retired Employer		
Business Address		
Type of Contribution:		
Page Subtota	s892.70	_
Grand Total of All Schedules 1/ (Complete on last page of Scheduk	Enter this total on	
Page of	line 3a of Summary Page.	1



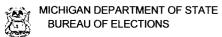
CANDIDATE COMMITTEE

1. Committee I.D. Number

139612

2. Committee Name

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 08/25/18 Name & Address:		
Doyle Terry L. 330 N. Gratiot Floor 1 Clinton Twp. MI 48036	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:	Click Horo fo	or Memo Itemization
Occupation Employer	CHUK FIELE IC	I WIGHTO REHITZAROH
Business Address		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/27/18 Name & Address		
Mandeville Karen 32435 S. River Rd. Harrison Twp. MI 48045	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	r 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 08/27/18 Name & Address:		
Paul Preisz J 38120 Circle Dr. Harrison Twp. MI 48045	_{\$} 40.00	_{\$} 40.00
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
OccupationEmployer		
Business Address Type of Contribution: ✓ Direct		
Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/28/18 Name & Address		
Babula Verna 40239 Regency Sterling Hts. MI 48313	_{\$} 25.00	\$ 25.00
5. If over \$100.00 cumulative, please provide:	Click Here for	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
Page Subtotal	\$215.00	-
Grand Total of All Schedules 1A (Complete on last page of Schedule)		J
Page 2 of 8	Enter this total on line 3a of Summary Page.	



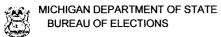
CANDIDATE COMMITTEE

1. Committee I.D. Number

139612

2. Committee Name

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? YES 4. Date of Receipt 08/28/18		
Riehl Krista H.		
18249 Tara Dr. Clinton Twp. MI 48036	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:	Clink Hone fo	a Bilanca Hamaination
Occupation Employer	Click Here to	or Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/29/18		
Name & Address		
Gerlach James F. 31700 N. River Rd. Harrison Twp. MI 48045	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	r 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 08/29/18 Name & Address:		
Forton Mark A. 48143 Mallard Dr.	_{\$} 100.00	_{\$} 100.00
Chesterfield MI 48047	Oliale Have for	Memo Itemization
5. If over \$100.00 cumulative, please provide:	Click Here los	Memo itemization
Occupation Employer		
Business Address		
Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/30/18 Name & Address		
Herman Tracy L. 3772 Fawn Drive Rochester MI 48306	_{\$} 100.00	_{\$} _100.00
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)		
Page 3 of 8	Enter this total on line 3a of Summary Page.	



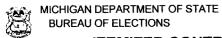
CANDIDATE COMMITTEE

1. Committee I.D. Number 1396

139612

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, middle initial. Check box to indicate if contribution is from a Political Comm Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)	
Contribution # 1 PAC Receipt? YES 4. Date of Receipt Address: YES 4. Date of Receipt PAC Receipt?	oipt 08/31/18		
Binge Patrick 37319 Little Mack Clinton Twp. MI		_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		Click Here fo	or Memo Itemization
Occupation Employer		CIICK FIELE IC	or Wellio itellization
Business Address			
Type of Contribution: 🗸 Direct Loan from a person	Fund Raiser		
Contribution #2 PAC Receipt? YES 4. Date of Receipt YES Address	ipt 08/31/18		
Calcott Reid J. 3176 N. River Rd. Saginaw MI, 48008		<u>\$</u> 200.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide: Occupation DDS Employer Reid Dental Clin	nic	Click Here fo	or Memo Itemization
Business Address 6225 Gratiot Rd., Saginaw, MI 48638	7		
Type of Contribution: ✓ Direct Loan from a person	Fund Raiser		
 Contribution # 3 PAC Receipt? YES 4. Date of Receipt YES Address: 	eipt 09/04/18		
Ferriby Robert 37724 Santa Barbara St. Clinton Twp. MI 48036		<u>\$ 100.00</u>	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		Click Here for	r Memo Itemization
OccupationEmployer			
Business Address	the balance of the balance was a		
Type of Contribution:	Fund Raiser		
Name & Address	eeipt 09/07/18		
Fox Ann M. 5932 Marine City Hwy. China MI 48054		_{\$} 100.00	_{\$_} 100.00
5. If over \$100.00 cumulative, please provide:		Click Here for	r Memo Itemization
Occupation Employer			i iliomo tombaton
Business Address	New York of the Print		
Type of Contribution: ✓ Direct Loan from a person	Fund Raiser		<u>-</u>
	Page Subtotal	\$450.00	_
	rand Total of All Schedules 1A plete on last page of Schedule)		_
Page 4 of 8	. , <u>, , , , , , , , , , , , , , , , , ,</u>	Enter this total on line 3a of Summary Page.	

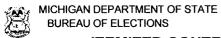


CANDIDATE COMMITTEE

139612 1. Committee I.D. Number

2. Committee Name

Enter contributor's name a middle initial. Check box to Committee (PAC) Report §	o indicate if contri		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)		
3. Contribution # 1	PAC Receipt?	YES 4. Date o	f Receipt	09/11/18		
Name & Address: Patroske Diane 52679 Belle Point Ct. Shelby Twp. MI 48316					_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumula	tive, please prov	ride:			Click Here fo	or Memo Itemization
Occupation		Employer			Olick Flere ic	i wemo itemization
Business Address						
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
Contribution #2 Name & Address	PAC Receipt?	YES 4. Date of	f Receipt	09/18/18		
Anderson Grant 111 Lincoln Mt. Clemens MI 48043					_{\$} 10.00	_{\$} 10.00
5. If over \$100.00 cumula		ide:			Click Here fo	r Memo Itemization
Occupation		Employer				
Business Address						
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
3. Contribution # 3 Name & Address:	PAC Receipt?	YES 4. Date of	of Receip	^t 09/19/18		
Johnson James E. 6230 Winkler Mill Rd. Rochester HILLS MI 480	0306				_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumula	tive, please prov	ride:			Click Here for	Memo Itemization
Occupation		Employer				
Business Address	Direct F	The section of the section	r	E ID:		
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Direct	Loan from a person		Fund Raiser		
Contribution # 4 Name & Address	PAC Receipt?	YES 4. Date	of Receil	ot <u>09/21/18</u>		
Macomb County Republi PO Box 380962 Clinton Twp. MI 48038	ican Committee				_{\$} 4000.00	_{\$_} 4000.00
5. If over \$100.00 cumula	ntive, please prov	vide:			Click Here for	r Memo Itemization
Occupation		Employer				
Business Address	. ,					
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
				Page Subtotal	\$4,210.00	_
				nd Total of All Schedules 1A ete on last page of Schedule)	Enter this total on	
Page 5 of 8					line 3a of Summary Page.	

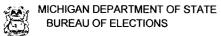


CANDIDATE COMMITTEE

1. Committee I.D. Number 139612

2. Committee Name Committe to Elect Barbara ZinnerCounty Commissioner

Enter contributor's nar middle initial. Check b Committee (PAC) Rep	ox to indicate if contr	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)			
Contribution # 1 Name & Address:	PAC Receipt?	YES	4. Date of Rece	opt 09/23/18		
Drzewiecki Denise 78175 Pearl Dr. Bruce Twp. MI 48044	i				_{\$} 30.00	\$
5. If over \$100.00 cur	nulative, please prov	vide:			Click Here f	or Memo Itemization
Occupation		_ Employer			Olick Flere	or wellio termeation
Business Address						
Type of Contribution:	✓ Direct	Loan from a	person	Fund Raiser		
3. Contribution #2 Name & Address	PAC Receipt?	YES	4. Date of Rece	ipt 09/25/18		
Grot Stanley 11927 Hiawatha Dr. Shelby Twp. MI 4805	6				_{\$} 100.00	\$
5. If over \$100.00 cun	nulative, please prov				Click Here fo	or Memo Itemization
Occupation		Employer				
Business Address				-		
Type of Contribution:	✓ Direct	Loan from a	person	Fund Raiser		
Contribution # 3 Name & Address:	PAC Receipt?	YES	4. Date of Rec	eipt 09/25/18		
McMachen Willard 22251 Beech Knoll I Macomb Twp. MI 48					_{\$} 50.00	- \$
5. If over \$100.00 cur	nulative, please pro	vide:			Click Here fo	r Memo Itemization
Occupation		Employer				
Business Address Type of Contribution:	√ Direct	Loan from a	a person	Fund Raiser		
Contribution # 4 Name & Address	PAC Receipt?	YES	4. Date of Re	ceipt <u>09/26/18</u>		
Carl Maria F. 46860 Breckenridge Macomb Twp. MI 48					_{\$} 50.00	- \$
5. If over \$100.00 cur	nulative, please pro	vide:			Click Here fo	or Memo Itemization
Occupation		_ Employer				
Business Address		·····				
Type of Contribution	✓ Direct	Loan from	a person	Fund Raiser		
				Page Subtota	\$230.00	
6 0				Grand Total of All Schedules 1A oplete on last page of Schedule		
Page 6 of 8	_				Page.	

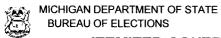


CANDIDATE COMMITTEE

1. Committee I.D. Number 139612

2. Committee Name Committe to Elect Barbara ZinnerCounty Commissioner

	ox to indicate if conti	enter last name, first name, ittee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)		
Contribution # 1 Name & Address:	PAC Receipt?	YES 4. Date o	f Recei	ipt 09/28/18		
Zinner Barbara 38400 Elmite St. Harrison Twp. MI 480	944				_{\$} 1000.00	_s 1000.00
5. If over \$100.00 cum	nulative, please pro	vide:			Olista Hanna fa	
Occupation Retired	· · · · · · · · · · · · · · · · · · ·	_ Employer			Click Here to	or Memo Itemization
Business Address						
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
Contribution #2 Name & Address	PAC Receipt?	YES 4. Date of	Recei	pt 10/01/18		
Whitmore Gary J. 26760 S. River Rd. Harrison Twp. MI 480	14 5				_{\$} _50.00	_{\$} 50.00
5. If over \$100.00 cum	ulative, please pro	vide:			Click Here fo	r Memo Itemization
Occupation Retired		Employer	<u> </u>			
Business Address						
Type of Contribution:	√ Direct	Loan from a person		Fund Raiser		
3. Contribution # 3 Name & Address:	PAC Receipt?	YES 4. Date of	f Rece	ipt 10/01/18		
Zinner Barbara MI 48045	10/1/2018 100	00 Loan 38400 El	mite	St. Harrison Twp.	_{\$} 1000.00	_{\$} 2000.00
5. If over \$100.00 cum	ulative, please prov	vide:			Click Here for	Memo Itemization
Occupation Retired		Employer				
Business Address Type of Contribution: [Direct	✓ Loan from a person		Fund Raiser		
Contribution # 4 Name & Address	PAC Receipt?	YES 4. Date	of Rece	eipt 10/01/18		
Zinner Steve 38400 Elmite St. Harrison Twp. MI 480	05				_{\$} 159.00	_{\$_} 159.00
5. If over \$100.00 cum	ulative, please pro	vide:			Click Hara for	Memo Itemization
Occupation Retired		_ Employer			Click Here for	Memo itemization
Business Address		· · · · · · · · · · · · · · · · · · ·		···		
Type of Contribution:	✓ Direct	Loan from a person		Fund Raiser		
				Page Subtotal	\$2,209.00	
				and Total of All Schedules 1A lete on last page of Schedule)		
7 of 8					Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE

139612 1. Committee I.D. Number

2. Committee Name

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)
Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/02/18 Name & Address:		
Beacon Cove Marina 36360 Jefferson Ave. Harrison Twp. MI 48045	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:	Click Horo f	or Memo Itemization
Occupation Employer	Click nere it	or Memo Remization
Business Address		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/06/18 Name & Address		
Brown Angela 5601 Reid Rd. Armada MI 48045	_{\$} 125.00	_{\$} 125.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Owner Employer American Trailers		
Business Address 38400 Elmite St. Harrison Twp., MI 48045		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/08/18 Name & Address:	-	
Leslie William A. 36290 Jefferson Ave. Harrison Twp. MI 48045	_{\$} 250.00	_{\$} 250.00
5. 16 area \$400.00 arresulative places provide:	Click Here fo	r Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation Marine Salvage Employer St. Clair Marine Salvage		
Business Address 36290 Jefferson, Harrison Twp., MI 48045		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/21/18 Name & Address		
Zinner Barbara 38400 Elmite St. Harrison Twp. MI 48045	_{\$} 830.80	_{\$_} 1723.50
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Retired Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtota	\$1,305.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule Page of	Enter this total on line 3a of Summary Page.	- ,



ITEMIZED EXPENDITURES

139612

SCHEDULE 1B	Committee I. D. Number Committee To Elect Barbara Zinner County Commissioner					
CANDIDATE COMMITTEE 2.4						
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount			
Expenditure #1 Name FedEX Office		05/04/18	s 1.64			
Address 41150 Garfielf Rd.	Purpose: Cards	Date	<u></u>			
Clinton Twp. MI 48038	Click	Here for Memo	Itemization Type			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement					
Expenditure #2						
Name FedEX Office	Cards	05/07/18 Date	\$ <u>15.89</u>			
Address	Purpose: Cards					
41150 Garfielf Rd. Clinton Twp. MI 48038	Click	Here for Memo	Itemization Type			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement					
Expenditure #3						
Name FedEX Office		05/07/18	\$ 28.68			
Address	Purpose: Cards	Date				
41150 Garfielf Rd. Clinton Twp. MI 48038 Fund Raiser	Click In Check box if this expenditure is payment of debt or obligation reported on previous statement		Itemization Type			
Expenditure #4						
Name FedEX Office		06/15/18 Date	\$ 41.71			
Address	Purpose: Cards	Date				
41150 Garfielf Rd. Clinton Twp. MI 48038		Here for Memo I	temization Type			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement					
Expenditure #5						
^{Name} Walmart		06/16/18	\$ 75.2			
Address	Purpose: Printer Ink	Date	\$ <u>13.2</u>			
45400 Markplace Blvd. Chesterfield MI 48051	Click I		Itemization Type			
Fund Raiser	debt or obligation reported on previous statement	-				
	Subto	otal this page	\$163.12			
	Grand Total of all	Schedules 1B				

Enter this total on line 8a of Summary Page

(Complete on last page of Schedule)



1. Committee I. D. Number

_	_	_	_		_
4	2	റ	c	1	7
1	. 7	м	n	- 1	2

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		<u> </u>	
Name FedEX Office		08/01/18	s 2.76
Address	Purpose: Maps	Date	
41150 Garfielf Rd.	Click	Horo for Momo	Itemization Type
Clinton Twp. MI 48038	r	nere ioi wiemo	itemization type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name FedEX Office		08/01/18 Date	\$ <u>63.92</u>
Address	Purpose: Cards & Labels	Date	
41150 Garfielf Rd. Clinton Twp. MI 48038	Click i	Here for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name The Postal Shop		08/22/18	\$ 36.00
Address	_{Purpose:} Stamps	Date	
38807 Harper Clinton Twp. MI 48036	Click I	Here for Memo	temization Type
	Check box if this expenditure is payment of		,
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4	Gatamon		
Name Post Office		08/23/18	\$ 20.00
Address	Purpose: Stamps	Date	\$ 20.00
155 S. Main St.		Joro for Momo i	tomization Type
Mount Clemens MI 48046	·	nere for Memo	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			·
Name Kroger		08/24/18	* 20.00
Address	Purpose: Stamps	Date	\$ 20.00
26300 Crocker Blvd Harrison Twp. MI 48045	Click	Here for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subto	otal this page	\$142.68
	Grand Total of all (Complete on last pag		

Enter this total on line 8a of Summary Page

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Committee L.D. Number 139612

1. Committee I. D. No	umber 100012	
2. Committee Name	Committee To Elect	Barbara Zinner County Commissioner

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			*
Name Kroger		08/24/18	\$ 20.00
Address	Purpose: Stamps	Date	-
26300 Crocker Blvd		lana for Money	Mamination Time
Harrison Twp. MI 48045	Click F	Here for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name The Postal Shop		08/24/18	\$ 21.19
Address	Purpose: Stamps	Date	
38807 Harper	Click H	Here for Memo	Itemization Type
Clinton Twp. MI 48036			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3	Statement		
·			
Name The Postal Shop		08/24/18	\$ 36.00
Address	Purpose: Labels	Date	
38807 Harper	Click H	lere for Memo	Itemization Type
Clinton Twp. MI 48036	Check box if this expenditure is payment of debt or obligation reported on previous		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Expenditure #4	statement		
A.1			
Name Peter Baergen		08/24/18	\$ 90.00
Address	Purpose: Design Services	Date	
P.O. Box 383 Pleasant Lake MI 49272	Click H	lere for Memo	temization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name The Postal Shop		08/25/18	- 40.00
Address	Purpose: Labels	Date	\$ <u>40.00</u>
38807 Harper			
Clinton Twp. MI 48036	l 	lere for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subto	tal this page	\$207.19
	Grand Total of all S (Complete on last page		
	(p	· · · · · / [

Enter this total on line 8a of Summary Page

Page ____ of ___



139612 1. Committee I. D. Number

2. C	ommittee Name	Committee To Elect	Barbara 2	Zinner Cou	nty Commissioner
	4. Purpose (R	equired Information)		5. Date	6. Amount

	2. Committee Name		
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name Litho Printing and Graphics LLC		08/29/18	\$ 210.00
Address	Purpose: Door Hangers	Date	
21541 Gratiot Eastpoint MI 48021		Here for Memo	tomization Type
210-11 Clatiot Eastpoint in 10021	Click	Here for Memo	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	f	
Expenditure #2			
Name US Post Office		08/31/18	. 20.00
301 30t 311103	Characa	Date	\$ <u>20.00</u>
Address	Purpose: Stamps	50.0	
155 S. Main St.	Click	Here for Memo	temization Type
Mount Clemens MI 48046			,,
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	f	
Expenditure #3			
Name Kroger		08/31/18	10.00
140901	Champa	Date	\$ <u>40.00</u>
Address	Purpose: Stamps	Date	
26300 Crocker Blvd	Click	Here for Memo I	temization Type
Harrison Twp. MI 48045	Check box if this expenditure is payment or	f	
C surd Drives	debt or obligation reported on previous	•	
Fund Raiser	statement		
Expenditure #4			
Name FedEx Office		09/20/18	\$ 15.89
Address	Mans	Date	a 10.08
Address	Purpose: Maps		
41150 Garfield Rd. Clinton Twp. MI 48038	Click	Here for Memo	temization Type
Children 1 Mp. 1911 40000	Check box if this expenditure is payment o	f	
	debt or obligation reported on previous	•	
Fund Raiser	statement		
Expenditure #5			
Name The Postal Shop		09/20/18	
•	Purpose: Stamps	Date	\$ <u>46.5</u>
Address	ruipose.		
38807 Harper Clinton Twp. MI 48036	Click	Here for Memo	Itemization Type
	Check box if this expenditure is payment of	ıf	
Fund Raiser	debt or obligation reported on previous statement		
		total this page	\$332.39
	Occupation of the	II Cobodulas 4D	70000
	Grand Total of al (Complete on last pa		
	(23		Enter this total

on line 8a of Summary Page



1. Committee I. D. Number 139612

	Committee To Elect	Barbara Zinner County Commission	ıe
2. Committee Name	COMMITTEE TO LICE	Barbara Emmor Godini, Godininos	

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1		00100140	
Name US Post Office		09/20/18	\$ 30.00
Address	Purpose: Stamps	Date	
155 S. Main St.	1	k Here for Memo!	temization Type
Mount Clemens MI 48046			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement)I	
Expenditure #2			
Name US Post Office		09/22/18	\$ 70
Address	Purpose: Stamps	Date	
155 S. Main St Mount Clemens MI 48046	Clic	k Here for Memo I	temization Type
Fund Raiser	Check box if this expenditure is payment debt or obligation reported on previous statement	of	
Expenditure #3			
Name US Post Office		09/22/18	\$ 125.00_
Address	Purpose: Stamps	Date	
155 S. Main St	Clic	k Here for Memo l	temization Type
Mount Clemens MI 48046	Check box if this expenditure is payment		
Fund Raiser	debt or obligation reported on previous statement	-	
Expenditure #4	Statement		
Name US Post Office		09/22/18	
OST OST OTHER	Otomore	Date	\$ 160.00
Address	Purpose: Stamps		
155 S. Main St Mount Clemens MI 48046	Clic	k Here for Memo	temization Type
Fund Raiser	Check box if this expenditure is payment debt or obligation reported on previous statement	of	
Expenditure #5			
Name Signarama		10/01/18	
Address	Purpose: Signs	Date	\$ <u>159.00</u>
36886 Harper Ave		ck Here for Memo	Itemization Type
Clinton Twp. MI 48035	Check box if this expenditure is payment debt or obligation reported on previous statement		nemization Typo
1 dia Naisoi		ubtotal this page	\$544.00
	Grand Total of (Complete on last p	all Schedules 1B	
	(Complete of fact p	<u>.</u> =/	Cotos this total

Enter this total on line 8a of Summary Page



1. Committee I. D. No	umber	139612		
2. Committee Name	Comn	nittee 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 and Graphics LLC		10/02/18	\$ 2077.6
Address	Purpose: Flyers & PostCards	Date	
21541 Gratiot		Hora for Mama	Itamization Tuna
Eastpoint MI 48021	Click F	here for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name Sawicki & Son		10/04/18	\$ 631.76
Address	Purpose: Yard Signs	Date	
1521 W. Lafayette Detroit MI 48216	Click H	Here for Memo	Itemization Type
Detroit Wit 40210	Charle have if this assessed to use in secument of		
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name C & G News Papers		10/04/18	\$ 93.61
Address	Purpose: Mailing	Date	9 90.01
13650 Eleven Mile Rd.		Joro for Momo I	temization Type
Warren MI 48089		iele ioi Mellio i	ternization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name US Post Office		40/04/40	
OCT OUT CHICC		10/04/18	\$ 1536.92
Address	Purpose: Postage	Date	
22430 Gratiot			
Eastpoint Mi 48089	Click F	lere for Memo I	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous		
	statement		
Expenditure #5			
Name FedEX Office		10/07/18	* 44 2
Address	Purpose: Maps	Date	\$ 11.3
41150 Garfield Rd.			
Clinton Twp. MI 48038	Click F Check box if this expenditure is payment of	tere for Memo I	temization Type
	debt or obligation reported on previous		
Fund Raiser	statement		
	Subto	tal this page	\$4,351.19
	Grand Total of all S (Complete on last page		
			Enter this total

on line 8a of Summary Page

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2. Committee Name	Committee To Elect	Barbara Zinner County	y Commissione
2. Committee Name			

Name and address of person or vendor to whom paid	Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name C & G News Papers		10/10/18	s 1210.72
Address	Purpose: Mailing	Date	
13650 Eleven Mile Rd.		loro for Momo !	temization Type
Warren MI 48089		iere ioi iviemo i	temization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2			
Name Litho Printing and Graphics LLC		10/12/18	s 137.80
-	Purpose: Postcards	Date	
Address	Purpose:		
21541 Gratiot Eastpoint MI 48021	Click ⊢	lere for Memo I	temization Type
Edstpoint Mit 40021	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #3	statement		
		40/44/40	
Name Walmart		10/14/18	\$ <u>75.2</u>
Address	Purpose: Printer Ink	Date	
45400 Markplace Blvd.	Click H	lere for Memo I	temization Type
Chesterfield MI 48051	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #4	statement	· · · · · · · · · · · · · · · · · · ·	
Name		10/10/10	
TOLING		10/16/18	\$ 100.00
Address	Purpose: Returned of Corporate CK Contribution	Date	
Beacon Cove Marina			
36360 Jefferson Ave Harrison Twp. MI 48045 Ck Returned of	Click F	tere for Memo I	temization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name Litho Printing and Graphics LLC		10/19/18	
•	Purpose: Design Services	Date	\$ <u>25.00</u>
Address 24.5.4.4. Cratiot Eastpoint ML 48021			–
21541 Gratiot Eastpoint MI 48021		Here for Memo	Itemization Type
	Check box if this expenditure is payment of		
[]	debt or obligation reported on previous		
Fund Raiser	debt or obligation reported on previous statement		
Fund Raiser	debt or obligation reported on previous statement	otal this page	\$1,548.72
Fund Raiser	debt or obligation reported on previous statement		\$1,548.72
Fund Raiser	debt or obligation reported on previous statement	Schedules 1B	\$1,548.72

Enter this total on line 8a of Summary Page

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400040 1. Con

2. Committee Name

mmittee I. D. Number	139612	

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 05/23/18 Name Huntington Bank s 28.51 Purpose: Checks Date Address **Huntington Bank** PO BOX 1558 EA1W37 Columbus OH 43216 Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser statement Expenditure #2 Name Date Address Purpose: _ Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser statement Expenditure #3 Name Date Address Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous **Fund Raiser** statement Expenditure #4 Name Date Address Purpose: _ Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser statement Expenditure #5 Name Date Address Purpose: _ Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser statement Subtotal this page \$28.51 Grand Total of all Schedules 1B \$7,317.80 (Complete on last page of Schedule)

> Enter this total on line 8a of **Summary Page**

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DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number

396	12			

SCHEDULE 1E		Committee To Flect	Barbara Zinner	County Commissioner
CANDIDATE COMMITTEE	2. Committee Name			

CANDIDATE COMMITTEE				
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the con (Che	nmittee OR b. Debts eck either a or b. Use only for the pu	s and obligations owed <u>to</u> o rpose checked.)	r forgiven <u>by</u> the com	mittee.
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? Yes Owed to or by:	4. Type:	\$		
Zinner Barbara	5. Date Debt Was Incurred:	\$		
1000 Direct 38400 Elmite St. Harrison Twp. MI 48045	09/28/18	\$		e 1,000.00
Harrison Twp. Wii 40043	6. Original Amount of Debt:	\$	\$	Ψ
	\$_1,000.00	\$		FORGIVEN
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by:	4. Type:	\$	·	
Zinner Barbara	5. Date Debt Was Incurred:	\$		
1000 Direct 38400 Elmite St. Harrison Twp. MI 48045	6. Original Amount of Debt:	\$	•	\$ 1,000.00
	\$ 1,000.00	\$\$	· •	FORGIVEN
		<u> </u>		FORGIVEN
If bank loan, name of endorser or guarantor:		Aı	mount Endorsed: \$_	
Debt #3 Corp? Yes Owed to or by:	4. Type:	<u> </u>		
·	5. Date Debt Was Incurred:	\$		
	C Original Amount of Dobts	\$		· c
	6. Original Amount of Debt:	\$	¹ \$	FORGIVEN
	5			TONGIVEN
If bank loan, name of endorser or guarantor:		A	mount Endorsed: \$_	
		Page Subtota	l (Outstanding debt)	\$2,000.00
Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)				\$2,000.00
,	· · ·			Enter this total

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.

by"" or line 12b "owed to" of the Summary Page

Page 1 of 1