



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.

3. This Statement covers From: 04/20/20 to 10/18/20

1. Committee I.D. Number

139895

4. Candidate Last Name First Name M.I.

Zinner Barbara M

4a. Office Sought Including District # or Community Served (If applicable)

County Commissioner District 10

2. Committee Name

CTE Barbara Zinner County Commissioner

4b. County of Residence **MACOMB** ☒

5. Committee's Mailing Address

38400 Elmite St.
Harrison Twp., MI 48045

6. Treasurer's Name & Residential Address

Angela Brown
15601 Reid Road
Armada MI 48005

Area Code and Phone _____

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.

Area Code & Phone (586) 634-9221

7. Treasurer's Business Address

Angela Brown
15601 Reid Road
Armada MI 48005

8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)

None

Area Code and Phone _____

Area Code and Phone _____

9. TYPE OF STATEMENT

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

Pre-Election or Post-Election Statement relates to:

- ☐ Primary
☒ General
☐ Convention
☐ Special
☐ School
☐ Caucus

Required ONLY if candidate is not on the ballot for the current year:

- ☐ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement (_____) Coverage Year

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

Date of Election, Convention or Caucus

11/03/20

9e. Dissolution of Candidate Committee

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is hereby 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.

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

Angela Brown
Type or Print Name

Angela Brown
Signature

Date 10/22/2020

Candidate Barbara Zinner
Type or Print Name

Barbara Zinner
Signature

Date 10/22/2020



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139895

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Committee to Elect Barbara Zinner County Commissions

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>1,300.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>1,300.00</u>	(18.) \$ <u>\$1,300.00</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>\$1,300.00</u>	(20.) \$ <u>\$1,300.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$3,861.30</u>	(21.) \$ <u>\$3,861.30</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>\$0.00</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>\$0.00</u>	(23.) \$ <u>\$0.00</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>\$0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>\$0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>\$0.00</u>	(24.) \$ <u>\$0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>\$3,961.30</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>\$0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$1,300.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$1,300.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$0.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$1,300.00</u>	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139895
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? ☐ YES 4. Date of Receipt <u>09/10/20</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 <u>n/a</u> Employer <u>n/a</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/30/20</u> Name & Address: Macomb County Republican Committee PO BOX 380962 Clinton Twp., MI 48038		\$ <u>500.00</u>	\$ <u>1,100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>n/a</u> Employer <u>n/a</u> Business Address <u>n/a</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/08/20</u> Name & Address: Kurt Broadbridge 45619 Thorn Tree Lane Macomb, MI 48044		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>n/a</u> Employer <u>n/a</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/07/20</u> Name & Address: Barbara Zinner 38400 Elmite Street Harrison Township, MI 48045		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>Retired</u> Business Address <u>n/a</u> Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$1,300.00

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

\$1,300.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 139895

2. Committee Name Committee to Elect Barbara Zinner County Commissioner

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? ☐ Yes

Name & Address:

Barbara Zinner
38400 Elmitte Street
Harrison Township, MI 48045

If over \$100.00 cumulative, please provide:
Occupation:

Employer Name & Business Address:

Retired

4. ☐ Endorsement or Guarantee of Bank Loan

☐ Goods Donated or Loaned ☐ Services Donated

☐ Goods or Services Purchased by Candidate or Others

☒ Goods or Services Purchased by Candidate or Others- LOAN

Description Voter Data

5. Date Of Receipt: 08/20/20

6. Vendor Name & Address:

City of Saint Clair Shores
27600 Jefferson Circle Street
St. Clair Shores, MI 48081

\$ 23.50 \$ 23.50

[Click Here for Memo Itemization](#)

☐ Fund Raiser Contribution

Contribution # 2 PAC Receipt? ☐ Yes

Name & Address:

Barbara Zinner
38400 Elmitte Street
Harrison Township, MI 48045

If over \$100.00 cumulative, please provide:
Occupation:

Employer Name & Address:

Retired

4. ☐ Endorsement or Guarantee of Bank Loan

☐ Goods Donated or Loaned ☐ Services Donated

☐ Goods or Services Purchased by Candidate or Others

☒ Goods or Services Purchased by Candidate or Others- LOAN

Description Printing (All In-House)

5. Date Of Receipt: 08/21/20

6. Vendor Name & Address:

Litho Printing and Graphics LLC
21541 Gratiot Avenue
Eastpointe, MI 48021

\$ 148.40 \$ 171.90

[Click Here for Memo Itemization](#)

☐ Fund Raiser Contribution

Contribution #3 PAC Receipt? ☐ Yes

Name & Address:

Barbara Zinner
38400 Elmitte Street
Harrison Township, MI 48045

If over \$100.00 cumulative, please provide:

Occupation:

Employer Name & Address:

Retired

4. ☐ Endorsement or Guarantee of Bank Loan

☐ Goods Donated or Loaned ☐ Services Donated

☐ Goods or Services Purchased by Candidate or Others

☒ Goods or Services Purchased by Candidate or Others- LOAN

Description Envelopes

5. Date Of Receipt: 09/02/20

6. Vendor Name & Address:

CVS Pharmacy
26220 Crocker Blvd
Harrison Township, MI 48045

\$ 13.31 \$ 185.21

[Click Here for Memo Itemization](#)

☐ Fund Raiser Contribution

Page Subtotal \$185.21 \$185.21

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

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 139895

2. Committee Name Committee to Elect Barbara Zinner County Commissioner

CANDIDATE COMMITTEE

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 <u>all</u> 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? ☐ Yes Name & Address: Barbara Zinner 38400 Elmite Street Harrison Township, MI 48045 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: Retired	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☒ Goods or Services Purchased by Candidate or Others- LOAN Description <u>Postage</u> 5. Date Of Receipt: <u>09/03/20</u> 6. Vendor Name & Address: USPS 155 South Main Street Mount Clemens, MI 48046 Click Here for Memo Itemization	\$ <u>88.00</u>	\$ <u>273.21</u>
☐ Fund Raiser Contribution			
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: Barbara Zinner 38400 Elmite Street Harrison Township, MI 48045 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: Retired	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☒ Goods or Services Purchased by Candidate or Others- LOAN Description <u>Printing (All In-House)</u> 5. Date Of Receipt: <u>09/04/20</u> 6. Vendor Name & Address: Litho Printing and Graphics LLC 21541 Gratiot Avenue Eastpoint, MI 48021 Click Here for Memo Itemization	\$ <u>132.50</u>	\$ <u>405.71</u>
☐ Fund Raiser Contribution			
Contribution #3 PAC Receipt? ☐ Yes Name & Address: Barbara Zinner 38400 Elmite Street Harrison Township, MI 48045 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: Retired	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☒ Goods or Services Purchased by Candidate or Others- LOAN Description <u>Envelopes</u> 5. Date Of Receipt: <u>09/08/20</u> 6. Vendor Name & Address: Family Dollar 254 South Gratiot Mount Clemens, MI 48045 Click Here for Memo Itemization	\$ <u>20.78</u>	\$ <u>426.49</u>
☐ Fund Raiser Contribution			
Page Subtotal		\$ <u>241.28</u>	\$ <u>426.49</u>

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

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 139895

2. Committee Name Committee to Elect Barbara Zinner County Commissioner

CANDIDATE COMMITTEE

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? ☐ Yes Name & Address: Barbara Zinner 38400 Elmite Street Harrison Township, MI 48045 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: Retired ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☒ Goods or Services Purchased by Candidate or Others- LOAN Description <u>Postage</u> 5. Date Of Receipt: <u>09/08/20</u> 6. Vendor Name & Address: USPS 155 South Main Street Mount Clemens, MI 48046 Click Here for Memo Itemization	\$ <u>55.00</u>	\$ <u>481.49</u>
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: Barbara Zinner 38400 Elmite Street Harrison Township, MI 48045 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: Retired ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☒ Goods or Services Purchased by Candidate or Others- LOAN Description <u>Postage</u> 5. Date Of Receipt: <u>09/10/20</u> 6. Vendor Name & Address: USPS 155 South Main Street Mount Clemens, MI 48046 Click Here for Memo Itemization	\$ <u>68.75</u>	\$ <u>550.24</u>
Contribution #3 PAC Receipt? ☐ Yes Name & Address: Barbara Zinner 38400 Elmite Street Harrison Township, MI 48045 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: Retired ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☒ Goods or Services Purchased by Candidate or Others- LOAN Description <u>Postage</u> 5. Date Of Receipt: <u>09/11/20</u> 6. Vendor Name & Address: USPS 155 South Main Street Mount Clemens, MI 48046 Click Here for Memo Itemization	\$ <u>41.25</u>	\$ <u>591.49</u>
Page Subtotal		\$ <u>165.00</u>	\$ <u>591.49</u>

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

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 139895

2. Committee Name Committee to Elect Barbara Zinner County Commissioner

CANDIDATE COMMITTEE

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? ☐ Yes Name & Address: Barbara Zinner 38400 Elmite Street Harrison Township, MI 48045 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: Retired	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☒ Goods or Services Purchased by Candidate or Others- LOAN Description <u>Newspaper Advertisement</u> 5. Date Of Receipt: <u>09/23/20</u> 6. Vendor Name & Address: C&G Publishing, Inc 13650 11 Mile Road Warren, MI 48089 Click Here for Memo Itemization	\$ <u>1,093.00</u>	\$ <u>1,684.49</u>
☐ Fund Raiser Contribution			
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: Barbara Zinner 38400 Elmite Street Harrison Township, MI 48045 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: Retired	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☒ Goods or Services Purchased by Candidate or Others- LOAN Description <u>Photoframe</u> 5. Date Of Receipt: <u>09/25/20</u> 6. Vendor Name & Address: Walgreens 1045 South Gratiot Clinton Township, MI 48036 Click Here for Memo Itemization	\$ <u>1.01</u>	\$ <u>1685.50</u>
☐ Fund Raiser Contribution			
Contribution #3 PAC Receipt? ☐ Yes Name & Address: Barbara Zinner 38400 Elmite Street Harrison Township, MI 48045 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: Retired	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☒ Goods or Services Purchased by Candidate or Others- LOAN Description <u>Newspaper Advertisement</u> 5. Date Of Receipt: <u>10/05/20</u> 6. Vendor Name & Address: 21st Century Media-Michigan PO Box 8003 Willoughby, OH 44096 Click Here for Memo Itemization	\$ <u>540.00</u>	\$ <u>2,225.50</u>
☐ Fund Raiser Contribution			

Page Subtotal \$1,634.01 \$2,225.50

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

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 139895

2. Committee Name Committee to Elect Barbara Zinner County Commissioner

CANDIDATE COMMITTEE

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? ☐ Yes Name & Address: Barbara Zinner 38400 Elmite Street Harrison Township, MI 48045 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: Retired	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☒ Goods or Services Purchased by Candidate or Others- LOAN Description <u>Newspaper Advertisement</u> 5. Date Of Receipt: <u>10/07/20</u> 6. Vendor Name & Address: C&G Publishing, Inc 13650 11 Mile Road Warren, MI 48089	\$ <u>1,635.80</u>	\$ <u>3,861.30</u>
☐ Fund Raiser Contribution			
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address:	\$ _____	\$ _____
☐ Fund Raiser Contribution			
Contribution #3 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address:	\$ _____	\$ _____
☐ Fund Raiser Contribution			

Page Subtotal

\$1,635.80

\$3,861.30

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

\$3,861.30

Enter this total
on line 6 of Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139895
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? ☐ Yes Owed to or by: Barbara Zinner 38400 Elmite Street Harrison Township, MI 48045	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>08/20/20</u> 6. <u>Original Amount of Debt:</u> <u>\$ 23.50</u>	\$ \$ \$ \$ \$	\$	\$ <u>23.50</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Corp? ☐ Yes Owed to or by: Barbara Zinner 38400 Elmite Street Harrison Township, MI 48045	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>8/21/20</u> 6. <u>Original Amount of Debt:</u> <u>\$ 148.40</u>	\$ \$ \$ \$ \$	\$	\$ <u>148.40</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Corp? ☐ Yes Owed to or by: Barbara Zinner 38400 Elmite Street Harrison Township, MI 48045	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>9/2/2020</u> 6. <u>Original Amount of Debt:</u> <u>\$ 13.31</u>	\$ \$ \$ \$ \$	\$	\$ <u>13.31</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt) **\$185.21**

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

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.

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



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139895
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? ☐ Yes Owed to or by: Barbara Zinner 38400 Elmite Street Harrison Township, MI 48045	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>09/03/20</u> 6. <u>Original Amount of Debt:</u> <u>\$ 88.00</u>	\$ \$ \$ \$ \$	\$	\$ 88.00 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: Barbara Zinner 38400 Elmite Street Harrison Township, MI 48045	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>9/4/2020</u> 6. <u>Original Amount of Debt:</u> <u>\$ 132.50</u>	\$ \$ \$ \$ \$	\$	\$ 132.50 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: Barbara Zinner 38400 Elmite Street Harrison Township, MI 48045	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>9/8/2020</u> 6. <u>Original Amount of Debt:</u> <u>\$ 20.78</u>	\$ \$ \$ \$ \$	\$	\$ 20.78 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

\$241.28

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

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DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139895
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? ☐ Yes Owed to or by: Barbara Zinner 38400 Elmite Street Harrison Township, MI 48045	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>09/08/20</u> 6. <u>Original Amount of Debt:</u> \$ <u>55.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>55.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: Barbara Zinner 38400 Elmite Street Harrison Township, MI 48045	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>9/10/2020</u> 6. <u>Original Amount of Debt:</u> \$ <u>68.75</u>	\$ \$ \$ \$ \$	\$	\$ <u>68.75</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: Barbara Zinner 38400 Elmite Street Harrison Township, MI 48045	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>9/11/2020</u> 6. <u>Original Amount of Debt:</u> \$ <u>41.25</u>	\$ \$ \$ \$ \$	\$	\$ <u>41.25</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

\$165.00

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

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139895
2. Committee Name Committee to Elect Barbara Zinner County Commissioner

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Debt #1 Corp? ☐ Yes Owed to or by: Barbara Zinner 38400 Elmite Street Harrison Township, MI 48045	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>09/23/20</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,093.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>1,093.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: Barbara Zinner 38400 Elmite Street Harrison Township, MI 48045	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>9/25/2020</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1.01</u>	\$ \$ \$ \$ \$	\$	\$ <u>1.01</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: Barbara Zinner 38400 Elmite Street Harrison Township, MI 48045	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>10/5/2020</u> 6. <u>Original Amount of Debt:</u> <u>\$ 540.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>540.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **\$1,634.01**

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 139895
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.
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Debt #1 Corp? ☐ Yes Owed to or by: Barbara Zinner 38400 Elmite Street Harrison Township, MI 48045	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>10/07/20</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,635.80</u>	\$ \$ \$ \$ \$	\$	\$ <u>1,635.80</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Corp? ☐ Yes Owed to or by: Barbara Zinner 38400 Elmite Street Harrison Township, MI 48045	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>10/7/20</u> 6. <u>Original Amount of Debt:</u> <u>\$ 100.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>100.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$	\$ _____ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt)

\$1,735.80

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

\$3,961.30

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

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