

**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 13696950		3. This Statement covers From: <u>1-1-21</u> to <u>7-18-21</u>	
2. Committee Name CTE Barbara A. Ziarko		4. Candidate Last Name Ziarko First Name Barbara M.I. A 4a. Office Sought Including District # or Community Served (If applicable) City Council <input type="checkbox"/> 4b. County of Residence MACOMB <input type="checkbox"/>	
5. Committee's Mailing Address 13805 Deepwood Ct. Sterling Heights, MI 48312 Area Code and Phone <u>(586) 939-0332</u> 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 Barbara A. Ziarko 13805 Deepwood Ct. Sterling Heights, MI 48312 Area Code & Phone <u>(586) 939-0332</u>	
7. Treasurer's Business Address 13805 Deepwood Ct. Sterling Heights, MI 48312 Area Code and Phone <u>(586) 939-0332</u>		8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) Area Code and Phone _____	
9. TYPE OF STATEMENT 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input checked="" type="checkbox"/> Primary <input 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 <u>08/03/21</u>		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 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.	
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 Barbara A. Ziarko Type or Print Name		Signature <u>Barbara Ziarko</u> Date <u>7-22-21</u>	
Candidate Barbara A. Ziarko		Signature <u>Barbara Ziarko</u> Date <u>7-22-21</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 13696950
2. Committee Name CTE Barbara A. Ziarko

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS

Column I
This Period

Column II
Cumulative this election cycle

3. Contributions

a. Itemized (Schedule 1A - Column 6)

(3a.) \$ 7175.00

b. Unitemized (less than \$20.01 each - no Schedule)

(3b.) \$ NOT APPLICABLE

c. Subtotal of "Contributions"

(3c.) \$ 7175.00

(18.) \$ _____

4. Other Receipts (Schedule 1A -1, Column 6)

(4.) \$ 0

(19.) \$ _____

5. **TOTAL CONTRIBUTIONS AND OTHER RECEIPTS**
(Add Line 3c + Line 4)

(5.) \$ 7175.00

(20.) \$ _____

IN-KIND CONTRIBUTIONS & EXPENDITURES

6. In-Kind Contributions (Schedule 1-IK, Column 7)

(6.) \$ 0

(21.) \$ _____

7. In-Kind Expenditures (Schedule 1B-IK, Column 6)

(7.) \$ 0

(22.) \$ _____

EXPENDITURES

8. Expenditures

a. Itemized (Schedule 1B, Column 6)

(8a.) \$ 2469.36

b. Itemized Get-Out-the-Vote (Schedule 1B-G)

(8b.) \$ 0

c. Unitemized (less than \$50.01 each - no Schedule)

(8c.) \$ 0

9. **TOTAL EXPENDITURES** (Add Line 8a + Line 8b + Line 8c)

(9.) \$ 2469.36

(23.) \$ _____

INCIDENTAL EXPENSE DISBURSEMENTS
(Officeholders Only)

10. Disbursements

a. Itemized (Schedule 1C, Column 6)

(10a.) \$ 0

b. Unitemized (less than \$50.01 each - no Schedule)

(10b.) \$ 0

11. **TOTAL INCIDENTAL EXPENSE DISBURSEMENTS**
(Add Line 10a + Line 10b)

(11.) \$ 0

(24.) \$ _____

DEBTS AND OBLIGATIONS

12. Debts and Obligations

a. Owed by the Committee (Schedule 1E)

(12a.) \$ 5600.00

b. Owed to the Committee (Schedule 1E)

(12b.) \$ 0

BALANCE STATEMENT

13. Ending Balance of last report filed
(Enter zero if no previous reports have been filed.)

(13.) \$ 2249.25

14. Amount received during reporting period
(Line 5, Total Contributions & Other Receipts)

(14.) + \$ 7175.00

15. SUBTOTAL Add lines 13 and 14

(15.) = \$ 9424.25

16. Amount expended during reporting period
(Add lines 9 and 11)

(16.) - \$ 2469.36

17. **ENDING BALANCE**

(Subtract line 16 from line 15)

(17.) \$ 6954.89 *



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 13090950
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>6/1/21</u> Name & Address: <u>Keith Jablonski</u> <u>21318 Fiorance</u> <u>Macomb, MI 48044</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		\$ <u>100.00</u>	\$ _____ Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/28/21</u> Name & Address: <u>Nathan Petrusak</u> <u>12900 Hall Rd Ste. 350</u> <u>Sterling Hgts MI 48313</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		\$ <u>100.00</u>	\$ _____ Click Here for Memo Itemization
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/27/21</u> Name & Address: <u>Clark Andrews</u> <u>53985 Sutherland Ln.</u> <u>Shelby Township, MI 48310</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		\$ <u>100.00</u>	\$ _____ Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/1/21</u> Name & Address: <u>James Saroni</u> <u>50691 Shelby Rd.</u> <u>Shelby Twp, MI 48316</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		\$ <u>100.00</u>	\$ _____ Click Here for Memo Itemization

Page Subtotal 400.00

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

7,175.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 13696950
2. Committee Name CTE BARBARA A. ZIANKO

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 5/27/21

Name & Address:

Robin Yono
6186 Windemere Ln.
Shelby Twp, MI 48314

\$ 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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 5/28/21

Name & Address:

Donald Denault
15731 Marcie
Fraser, MI 48024

\$ 200.00 \$ _____

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

[Click Here for Memo Itemization](#)

Occupation LAWYER Employer O'Reilly Rancillio

Business Address 12900 Hall Rd, Ste. 350 SH, MI 48312

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

3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 6/4/21

Name & Address:

Charles Turnbull
53951 Sutherland
Shelby Twp, MI 48314

\$ 200.00 \$ _____

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

[Click Here for Memo Itemization](#)

Occupation LAWYER Employer O'Reilly Rancillio

Business Address 12900 Hall Rd, Ste. 350 SH, MI 48313

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

3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 6/15/21

Name & Address:

Lawrence Scott
12900 Hall Rd Ste. 350
Stirling Hgts, MI 48313

\$ 200.00 \$ _____

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

[Click Here for Memo Itemization](#)

Occupation LAWYER Employer O'Reilly Rancillio

Business Address 12900 Hall Rd Ste. 350 SH, MI 48313

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

Page Subtotal 700.00

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

7175.00

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 13696950
2. Committee Name CTE Barbara A Zianko

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>5/28/21</u>	
Name & Address: <u>Marc Kaszubski</u> <u>1096 Brompton Rd.</u> <u>Rochester Hills, MI 48309</u>		\$ <u>250.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>O'Reilly Ranch LLC</u>		Click Here for Memo Itemization	
Business Address <u>12900 Hall Rd Ste 350 SH, MI 48313</u>			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7/9/21</u>	
Name & Address: <u>Rachel Srodek</u> <u>2707 Norwalk</u> <u>Hamtramck, MI 48212</u>		\$ <u>100.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Srodek Market</u>		Click Here for Memo Itemization	
Business Address <u>40217 Mound Rd. 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			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7/5/21</u>	
Name & Address: <u>John Bologna</u> <u>19135 Saxon Dr.</u> <u>Beverly Hills, MI 48025</u>		\$ <u>100.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		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 # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7/1/21</u>	
Name & Address: <u>Jozef Srodek</u> <u>2773 Norwalk</u> <u>Hamtramck, MI 48212</u>		\$ <u>100.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		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			

Page Subtotal 550.00

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

7175.00

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 13696950
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 6/30/21

Name & Address:

Shant Shirinian
23670 Ryan Rd
Warren, MI 48091

\$ 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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 7/1/21

Name & Address:

John Klik
43173 Fortner
Sterling Hgts, MI 48312

\$ 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

3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 7/2/21

Name & Address:

Alan Casmere
28836 Panama St.
Warren, MI 48092

\$ 200.00 \$

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

[Click Here for Memo Itemization](#)

Occupation owner Employer Friendly Self Storage

Business Address 33400 Maple Lane, SH, MI 48312

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

3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 7/9/21

Name & Address:

John Penn
13209 Lillian
Sterling Hgts MI 48312

\$ 200.00 \$

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

[Click Here for Memo Itemization](#)

Occupation Retired Employer _____

Business Address _____

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

Page Subtotal 600.00

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

7175.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number

13696950

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	7/7/21
Name & Address: Stephen Pangori 8106 Rosebud Lane Clarkston, MI 48348		\$ 200.00	\$
5. If over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>AEW</u>		Click Here for Memo Itemization	
Business Address <u>51301 Schoenherr, Shelby Twp, MI 48315</u>			
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	7/2/21
Name & Address: A. Lynn 20909 Deerfield Farmington, MI 48335		\$ 300.00	\$
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>Nothing Bundt Cakes</u>		Click Here for Memo Itemization	
Business Address <u>14294 Hall Rd, Star. Hgts 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	6/30/21
Name & Address: Lawrence Calcaterra 36900 Schoenherr Sterling Hgts, MI 48312		\$ 200.00	\$
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>Wyjek Calcaterra</u>		Click Here for Memo Itemization	
Business Address <u>36900 Schoenherr SH, MI 48312</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 checked="" type="checkbox"/> YES	4. Date of Receipt	6/29/21
Name & Address: UAW Michigan V PAC 8000 E. Jefferson Detroit, MI 48214		\$ 2500.00	\$
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal

3200.00

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

7175.00

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 13696950
2. Committee Name CTE Barbara A. Zianko

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 7/1/21

Name & Address:

Kevin Denha
700 N. Old Woodward St. 300
Birmingham, MI 48009

\$ 100.00 \$

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

Occupation _____ Employer _____

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 7/1/21

Name & Address:

Phil Ruggeri
55764 Saint Regis
Shelby Twp, MI 48315

\$ 500.00 \$

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

Occupation Attorney Employer self

Business Address 43231 Schoenherr SH, MI 48313

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 7/12/21

Name & Address:

Lukas Bonner
4875 Sawgrass W.
Ann Arbor, MI 48108

\$ 200.00 \$

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

Occupation OWNER Employer Bonner Ag

Business Address 1054 S. Main St, Ann Arbor, MI 48104

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 7/13/21

Name & Address:

Tony Gallo
6303 26 Mile Rd Ste. 200
Washington, MI 48094

\$ 500.00 \$

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

Occupation OWNER Employer self

Business Address 6303 26 Mile Rd, Ste 200 Wash. Twp, MI 48094

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

[Click Here for Memo Itemization](#)

Page Subtotal 1300.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule) 7175.00

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line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 13696950
2. Committee Name CTE Barbara A. Ziavko

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 7/17/21

Name & Address:

Dominic Moceri
3495 Moceri Ct.
Oakland Twp, MI 48306

\$ 300.00 \$

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

Occupation OWNER Employer Moceri Homes

[Click Here for Memo Itemization](#)

Business Address 3005 University Dr. Ste. 200 Auburn Hills, MI 48324

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 7/14/21

Name & Address:

CTE Michael Switalski Treasurer
31412 Gay
Roseville, MI 48066

\$ 100.00 \$

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

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

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

3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 7/15/21

Name & Address:

Robert Burns
35740 Georgetown
Starling Hgts, MI 48312

\$ 25.00 \$

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 _____

Name & Address:

\$ _____ \$

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

Page Subtotal 425.00

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

7175.00

Enter this total on
line 3a of Summary
Page.

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 13696950
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>Macomb County Treasurer</u> Address <u>1 S. Main St. 2nd Floor</u> <u>Mt. Clemens, MI 48043</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Late Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>2/5/21</u> Date	<u>\$ 100.00</u>
Expenditure #2 Name <u>C & G Newspaper</u> Address <u>13650 Eleven Mile Rd.</u> <u>Warren, MI 48089</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Advertising</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/11/21</u> Date	<u>\$ 820.00</u>
Expenditure #3 Name <u>MASS Mailing</u> Address <u>35468 Mound Rd.</u> <u>Sterling Hgts, MI 48310</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Mailing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/22/21</u> Date	<u>\$ 428.40</u>
Expenditure #4 Name <u>Sawicki & Sons</u> Address <u>1521 W. Lafayette Blvd.</u> <u>Detroit, MI 48210</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/24/21</u> Date	<u>\$ 383.08</u>
Expenditure #5 Name <u>American Graphics</u> Address <u>34895 Grosebeck</u> <u>Clinton Twp, MI 48035</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Mailing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/28/21</u> Date	<u>\$ 345.98</u>

Subtotal this page 2077.46

Grand Total of all Schedules 1B
(Complete on last page of Schedule) 2469.36

Enter this total
on line 8a of

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 13696950
 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>Aldi</u> Address <u>41500 Hayes Clinton Twp, MI 48036</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>tablecloths</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/10/21</u> Date	<u>\$ 9.95</u>
Expenditure #2 Name <u>Kristi Hallmark</u> Address <u>13570 14 Mile Rd Warren, MI 48098</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Thank You Notes</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/17/21</u> Date	<u>\$ 12.71</u>
Expenditure #3 Name <u>Kristi Hallmark</u> Address <u>41891 Garfield Clinton Twp, MI 48038</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Thank You Notes</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/10/21</u> Date	<u>\$ 12.71</u>
Expenditure #4 Name <u>Office Depot</u> Address <u>37600 Van Dyke Sterling Heights, MI 48312</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Labels</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/26/21</u> Date	<u>\$ 32.85</u>
Expenditure #5 Name <u>Costco</u> Address <u>30550 Stephenson Hwy Madison Hgts, MI 48071</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>stamps</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/5/21</u> Date	<u>\$ 219.00</u>

Subtotal this page 287.22

Grand Total of all Schedules 1B
 (Complete on last page of Schedule) 2469.36

Enter this total
 on line 8a of

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 13696950
 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>Gardner Studios</u> Address <u>201 Main St. S</u> <u>Stillwater, MN 55082</u> <input checked="" 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>6/19/21</u> Date	<u>\$104.68</u>
Expenditure #2 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 #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 104.68

Grand Total of all Schedules 1B
 (Complete on last page of Schedule) 2469.36

Enter this total
 on line 8a of



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 13696950
2. Committee Name CTE Barbara A. Ziarko

This Schedule itemizes:				
a. <input checked="" type="checkbox"/> Debts and obligations owed <u>by</u> or forgiven the committee OR b. <input type="checkbox"/> Debts and obligations owed <u>to</u> or forgiven <u>by</u> 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: Tommy Ziarko 13805 Deepwood Ct. 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>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$ 1,000.00</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: Tommy Ziarko 13805 Deepwood Ct. 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>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$ 1,100.00</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: Tommy Ziarko 13805 Deepwood Ct. 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>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$ 900.00</u> <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)				\$5,600.00

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.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 13696950
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 Ziarko 13805 Deepwood Ct. Sterling Heights, MI 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>	\$ \$ \$ \$ \$	\$	\$ <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: Barbara Ziarko 13805 Deepwood Ct. Sterling Heights, MI 48312	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>10/01/17</u> 6. <u>Original Amount of Debt:</u> \$ <u>2,000.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>2,000.00</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) **\$2,600.00**

Grand Total of all Schedules 1E **\$5,600.00**
(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.