CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

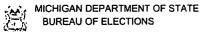
Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and ca	signed by Indidate.	3. This Statement covers From	07/19/2021	to 08/2	3/2021	
1. Committee I.D. Number	· · · · · · · · · · · · · · · · · · ·	Candidate Last Name		t Name		M.I.
13696950		Ziarko Barbara A				
		4a. Office Sought Including District # or Community Served (If applicable)				
2. Committee Name		City Council				<u> </u>
CTE Barbara A. Ziar	ko	4b. County of Residence MA	СОМВ	$\overline{}$		
5. Committee's Mailing Address 13805 Deepwood Ct. Sterling Heights, MI 48312 Area Code and Phone (586) 939-0332		6. Treasurer's Name & Reside Barbara A. Ziarko 13805 Deepwood Ct Sterling Heights, MI	i.		21 AUG	
If the address in this box is different from the comminailing address on the Statement of Organization, roe sent to this address by the filing official.		Area Code & Phone (586) 9	39-0332	:		
7. Treasurer's Business Address 13805 Deepwood Ct. Sterling Heights, MI 48312		Designated Record Keeper Designated Record Keeper)	's Name and Addre		mittee has 79	D
Area Code and Phone (586) 939-0332		Area Code and Phone				
9. TYPE OF STATEMENT 9a. Pre-Election OR 9b. Post-Election Pre-Election or Post-Election Statement relates to:			9e. Dissolution of By checking to by the committee by discharged and the committee. The the committee of the	this item I/We to the candida forgiven, and the committee	certify any out ite or his or he I no longer coll has no oustan	r spouse is here lectible from iding assets,
General Convention	October C	Quarterly	Further, if the diss considered a requ	olution cannot est for the Rep	: be granted, the porting Waiver	nat this be
Special	9c. Annua	Coverage Year	Effective	e date of disso	olution	
Caucus	(Com	ndment to Campaign Statement plete Item 9a, 9b, 9c or 9e to ate which Statement is being ded.)	Note: The disposi Schedule 1B and			e reported on
Date of Election, Convention or Caucus						
08/03/2021						
10. Verification: I\We certify that all reasonable diligmy\our knowledge and belief the contents are true,			nent and attached so	chedules (if an	ıy) and to the l	best of
Current Treasurer or Designated Record keeper Type or Print Name	Ziark	o Jaskare Signature	Disko	Date	8-30	-21
Candidate Dar Dara A. Z. Type or Print Name	ark	O Davisa (1) Signature	tosko	Date	8-30	-21
Authority granted under P.A. 388 of 1976		Oignature /				

1. Committee I.D. Number 13696950

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name CTE Barbara A. Ziarko

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		Connaisaive tins election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 4,800.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ \$4,800.00	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ \$0.00	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$4,800.00	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$0.00	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ \$0.00	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$393.99</u>	
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.) \$ \$393.99	(23.) \$
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)	(10b.) \$ \$0.00	(24.) \$
DEBTS AND OBLIGATIONS	(11.)	_ (24.) \$
Debts and Obligations a. Owed by the Committee (Schedule 1E)	(12a.) \$ \$5,600.00	···
b. Owed to the Committee (Schedule 1E)	(12b.) \$ \$0.00	
	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ \$6,954.89	<u> </u>
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ \$4,800.00	
(Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u></u> \$11,754.89	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ \$393.99	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ \$11,360.90	*
(Subtract title 10 from line 13)	(11.) W	



1. Committee I.D. Number

13696950

2. Committee Name Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check how to indicate if contribution is from a Political Committee or as Indicated and

6. Amount

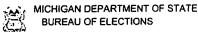
7. Cumulative for Election Cycle for E

Committee (PAC) Report <u>all</u> contributions regardless of amount.		Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 8/5/2		
Ciary Roncelli.		
49900 Hicks Rd _	, 200.00	¢
Krmada, M. 48005 5. If over \$100.00 cumulative, please provide:	\$	5
Occupation Construction Employer Self	Click Here fo	r Memo Itemization
Business Address 6471 Metro Parkway, Ster. Hgtz MI	18312	
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 8/11/21		
Benjamin Ancona.		
12433 Stanite Ct.	s 250.00	\$
Stoning Hg 13 MI 48312 5. If over \$100.00 cumulative, please provide:		
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 X Fund Raiser		
3. Contribution # 3 PAC Receipt? X YES 4. Date of Receipt 9/11/21		
SHPOA PAC	250 00	
PO BOX 544	\$ 250.00	\$
Sterling Heights, MI 48311 5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
Business Address		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 8/3/21		
Nathan Inks		
1050 Cloverlawn	s 300 oo	¢
uncoln park, MI 40144		3
5. If over \$100.00 cumulative, please provide: Occupation AHOMY Employer	Click Here for	Memo Itemization
Employer	HII (a	
Business Address 1050 Clovenawn, Lincoln Park, MI 48	N 4 W	
Type of Contribution: X Direct Loan from a person Fund Raiser Page Subtotal	Inna m	
·	1000.00	-
Grand Total of All Schedules 1A	14900.00	1

Page of 7

(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number

13696950

CANDIDATE COMMITTEE 2 Committee Name Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount Cumulative for middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Election Cycle for Each Contributor (Through Committee (PAC) Report all contributions regardless of amount. date of receipt) 4. Date of Receipt O/// 3. Contribution # 1 PAC Receipt? Name & Address . 100.00 fraser, MI 4802U 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation Employer_ **Business Address** Fund Raiser Type of Contribution: Direct Loan from a person 3. Contribution #2 PAC Receipt? 4. Date of Receipt Name & Address Unda Morgan 90.00 14764 Patterson Br. Shelby TWP, MI 48315
5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Employer Occupation **Business Address** X Type of Contribution: Fund Raiser Loan from a person 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 8/0121 Name & Address: Doualas Dinnina 100.00 n Lake Forest Dr. Stening Haights, MI 48314 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Employer Occupation **Business Address** Type of Contribution: Direct Loan from a person **Fund Raiser** 3. Contribution # 4 PAC Receipt? 4. Date of Receipt , 150,00 MI 48310

Page Subtotal

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

Puneral Director Employer Mandziuk Puneral Home Home Itemization

Milo Rd, Staning Heights, MI 48310

Loan from a person

Fund Raiser

450.00 4800.00

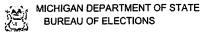
Enter this total on line 3a of Summary Page.

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Business Address

Type of Contribution:

Direct



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

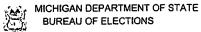
CANDIDATE COMMITTEE

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 9/3/2/ Name & Address: CAYDIAN SZCZEPANSKI IHZZZ EASNIK SHALL Heights MI 483/2 5. If over \$100.00 cumulative, please provide: Occupation Employer	\$ 50.50	\$or Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 6/11/21		
3. Contribution #2 Name & Address JOSEPH Impellizzeri 21580 WAVENY Macomb, MI 48044 5. If over \$100.00 cumulative, please provide:	\$ 75.06 Click Here fo	sor Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person X Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 6/11/24 Name & Address: DAWY ONDERICK 53245 Sams Lane Chesterfield, MI 48047 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person X Fund Raiser	\$ 100.00 Click Here fo	r Memo Itemization
Learly Learly Lines		
3. Contribution # 4 Name & Address CTE JOSEPH ROMANO 1223U GINDLEY Stelling Heights M1 48312 5. If over \$100.00 cumulative, please provide: Occupation Employer	\$ IOO. DO	r Memo Itemization
Type of Contribution: Direct Loan from a person X Fund Raiser		
Page Subtotal	325.00	

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

Enter this total on line 3a of Summary Page.

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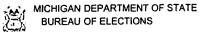


Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 8/11/21 Name & Address: Ulanne Schabath Lewis IIIO 18 Mile Rd Steving Hgts M1 49313 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address	s 50.06 Click Here fo	\$or Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9/11/21 PACRECEIPT ADDITION PACRECEIPT PACRECEIPT YES 4. Date of Receipt 9/11/21 PACRECEIPT Fund Raiser Type of Contribution: Direct Loan from a person Fund Raiser Fund Raiser	\$ 50.00 Click Here fo	\$or Memo Itemization
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 8/11/21 Name & Address: LORIO Barnwell 30130 Grven burg br. Warren, M1 48092 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	\$ 50.0 6 Click Here fo	s r Memo Itemization
3. Contribution # 4 Name & Address Clonge Parker 13899 Brougham Steving Hats MI 48312 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	s 50.06 Click Here fo	sor Memo Itemization
Page Subtotal Grand Total of All Schedules 1A		

Page 4 of 7

(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

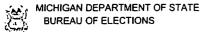
1. Committee I.D. Number **CANDIDATE COMMITTEE**

Enter contributor's name and address. If contribution is from an individual, enter last name, it middle initial. Check box to indicate if contribution is from a Political Committee or an Indeper Committee (PAC) Report all contributions regardless of amount.	
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 8/9/2	1
Name & Address: Wassem Ayar 45371: Thorn tree W Macomb, MI 48044	s 200.68 s
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation OWNER Employer Urban Air	A. 40.012
Business Address 12050 Hall Rd, Sterling Hgt3, M	11 40313
Type of Contribution: Direct Loan from a person X Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9/9/2	1
Name & Address CTE Michael NoHE PO BOX 18244 Shelby TWP, MI 48318 5. If over \$100.00 cumulative, please provide:	s [00 .50 s
Occupation Employer	
Occupation	
Type of Contribution: Direct Loan from a person Fund Raiser	
	1
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 6/9/2 Name & Address:	<u>-1</u>
Michael MacDonald 18890 san eventin Rd.	<u>\$200.06</u> <u>\$</u>
Lathrup Village, MI 46076 5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Engineer Employer HRC Business Address 555 HUIET Dr. BIOOMFICIA HIIS	MI 48302
Type of Contribution: Direct Loan from a person X Fund Raiser	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 9 9 2 Name & Address	<u> </u>
Timothy Doppel 41538 vancouver Dr.	s 25.00 s
Stening Heights, MI 48314 5. If over \$100.00 cumulative please provide:	Click Here for Memo Itemization
Occupation Employer	Olick Here for Methic Rethization
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
F	Page Subtotal 525.60
Orand Tabel of All C	Sabadulas 14 IIOM NO

(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

Page <u>5</u> of <u>7</u>



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,

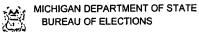
6. Amount 7. Cumulative for

Committee (PAC) Report <u>all</u> contributions regardless of amount.	Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 9/9/202	21
Carol Foling	
5440 Brookdale	, 200.00
BIODMA'ELAHILK, MI 48304	\$
5. If over \$100.00 cumulative, please provide: Occupation Developer Employer	Click Here for Memo Itemization
Coccupation Employer	-
Type of Contribution: Direct Loan from a person X Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 8/9/2\ Name & Address	
Roko Juncevic	
52756 Blueridge	<u>\$ 500.00</u> \$
Shelpy TWP, MI 48316	
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation OWNER Employer Utica Van Dyke Towin	N ACOLO
Business Address 43500 Utica Rd, Sterling Heights, 1	MI 48015
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 6/9/21 Name & Address:	
Ded Juncevic	me ob
52754 BIVE Ridge	<u>\$506.06</u>
Shelly TWP, MI 40310 5. If over \$100:00 cumulative, please provide:	Click Here for Memo Itemization
1912's a 1 [A,A 91 [1/a) C'A 4 [_
Occupation OWNER Employer Utica Van DYKO SOWI	Man 12
Business Address 43500 Utica Rd, Stoning Heights, MI	40015
Type of Contribution: Direct Loan from a person X Fund Raiser	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 9/9/2\ Name & Address	
Anthony Ecknich	
bb shovecrest	s 100.00 s
avosse Pointe Shares. MI 48326	ş <u></u> \$
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	
	btotal 300.00
	110 on 00

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

Enter this total on line 3a of Summary Page.

Page 0 of 7



1. Committee I.D. Number 13090955

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 6/11/21 Name & Address: SH Pire Fightes Union PAC. Wocal 1557 38911 Van DUKU SHENING Heights MI 48312 5. If over \$100.00 cumulative, please provide:				\$ 1000.50 \$ Click Here for Memo Itemization		
Occupation		Employer			Ollow Flore	or morno normadion
Business Address				·		
Type of Contribution:	Direct	Loan from a person	X	Fund Raiser		-
3. Contribution #2 Name & Address	PAC Receipt?	YES 4. Date of F	Receip	t		
,					\$	_ \$
5. If over \$100.00 cum					Click Here f	or 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	Receip	ot		
					\$	_ \$
5. If over \$100.00 cum	ulative, please pro	vide:			Click Here for	or Memo Itemization
Occupation		Employer		and the second s		
Business Address						
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
Contribution # 4 Name & Address	PAC Receipt?	YES 4. Date o	f Rece	ipt		
•					\$	_ \$
5. If over \$100.00 cum	ulative, please pro	vide:			Click Here f	or Memo Itemization
Occupation	Access to the second se	_ Employer				
Business Address						
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
		,		Page Subtota and Total of All Schedules 1A lete on last page of Schedule	4200 00	

Enter this total on line 3a of Summary Page.

SCHEDULE 1B

1. Committee I. D. Number 13696950

1. Committee I. D. Number

CANDIDATE COMMITTEE 2. C	_{ommittee Name} CTE Barbara A. Zia	arko	
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name Gordon Food Sorvice	1	0/0/21	s <u>94.79</u>
Address 7835 Convention	Purpose: Fundraisca Prop	Date	haminatina Tura
Warren, MI 48092	<u></u>	lere for Memo It	lemization Type
X Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		·
Expenditure #2			
Name Nothing Bundt Cakes	Decco.O.	9/11/21	\$ 187.87
Address 14924 Hall Rd.	Purpose: Dessev+	Date	
Starling Heights, MI	Click H	lere for Memo It	emization Type
110212	Check box if this expenditure is payment of		
X Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name Hobby Lobby	Centennieras	<u>8 1 2 </u>	s <u>19.89</u>
Address 44725 Schoenherr	Purpose: Centerpieces	Date	
Staning Heights MI	Click H Check box if this expenditure is payment of	lere for Memo It	emization Type
X Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name Office Max	ę	8/2/21	s 32.13
Address 37400 Van Dyke	Purpose: LabelS	Date	
Stening Heights, MI	Click H	lere for Memo It	emization Type
48312	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name COSTCO		8/10/21	s 59.31
Address 45440 Marketplace Shelby TWP MI 48315	Purpose: Centerpieces	Date	<u> </u>
Shelby TWP M1 48315	Click H	Here for Memo II	temization Type
Fund Raiser	debt or obligation reported on previous		

Subtotal this page

393.99

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

393.99



DEBTS AND OBLIGATIONS

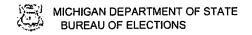
Page _____ of ____

1. Committee I.D. Number

13696950

SCHEDULE 1E	CTE Barb	ara A. Ziarko		
CANDIDATE COMMITTEE 2.0	Committee Name CTE Date	ala A. Ziaiku		<u> </u>
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the con (Che	nmittee OR b. Debte 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 cor	nmittee.
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: loan	\$		
Tommy Ziarko 13805 Deepwood Ct.	5. Date Debt Was Incurred:	\$		
Sterling Heights, MI 48312	02/18/05	\$		1 000 00
geterming trongrate, increase 1	6. Original Amount of Debt:	\$	\$	\$_1,000.00
	\$_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: loan	\$		
Tommy Ziarko 13805 Deepwood Ct.	5. Date Debt Was Incurred:	\$		
Sterling Heights, MI 48312	07/01/01	\$		s 1,100.00
3 3 .	6. Original Amount of Debt:	\$	I \$	\$ 1,100.00
	\$ <u>1,100.00</u>	\$		FORGIVEN
If bank loan, name of endorser or guarantor:		Ar	nount Endorsed: \$_	
Debt #3 Corp? Yes Owed to or by:	4. Type: loan	\$		
Tommy Ziarko	5. Date Debt Was Incurred:	<u> </u>		
13805 Deepwood Ct. Sterling Heights, MI 48312	04/2003	\$		
Coloning Fleights, Wil 40012	6. Original Amount of Debt:	\$	 \$	\$_900.00
	\$ <u>900.00</u>			FORGIVEN
		<u> </u>		
If bank loan, name of endorser or guarantor:		A	mount Endorsed: \$_	
		Page Subtota	I (Outstanding debt)	\$3,000.00
(0	Complete on last page of Schedule	Grand Total showing amounts owed by	of all Schedules 1E or to the committee)	Ψ0,000.00
A debt or obligation must be shown on this Scheo this Campaign Statement or it was forgiven during			losing date of	Enter this total on line 12a "owe by"" or line 12b "owed to" of the Summary Page

Summary Page



DEBTS AND OBLIGATIONS

Page _____ of ____

1. Committee I.D. Number

13696950

SCHEDULE 1E	CTE Barb	ara A. Ziarko		
CANDIDATE COMMITTEE 2. C	ommittee Name	ara A. Ziarko		**
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the com (Cher	mittee OR b. Debteck either a or b. Use only for the pu	s and obligations owed <u>to</u> (irpose checked.)	or forgiven <u>by</u> the co	mmittee.
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: loan	\$		
Barbara Ziarko 13805 Deepwood Ct.	5. Date Debt Was Incurred:	\$		
Sterling Heights, MI 48312	05/01/05	\$		s 600.00
otoring Prograc, wir 10012	6. Original Amount of Debt:	\$	\$	\$_600.00
	\$_600.00	 \$		I LI GROWER
If bank loan, name of endorser or guarantor:		An	nount Endorsed: \$ _	
Debt #2 Corp? Yes Owed to or by:	4. Type: loan	\$		
Barbara Ziarko 13805 Deepwood Ct.	5. Date Debt Was Incurred:	\$		
Sterling Heights, MI 48312	10/01/17 6. Original Amount of Debt:	\$		\$ 2,000.00
	\$ 2,000.00	\$	· \$	-,
	\$_2,000.00	\$		FORGIVEN
If bank loan, name of endorser or guarantor:		A	.mount Endorsed: \$_	
Debt #3 Corp? Yes Owed to or by:	4. Type:	\$		
	5. Date Debt Was Incurred:	\$		
		\$		
	6. Original Amount of Debt:	\$	1 \$	\$
	\$	\$		FORGIVEN
If bank loan, name of endorser or guarantor:			Amount Endorsed: \$	
		Page Subtot	al (Outstanding debt)	\$2,600.00
(C	Complete on last page of Schedule	Grand Total showing amounts owed by	al of all Schedules 1E or to the committee	40,000.00
A debt or obligation must be shown on this Sched this Campaign Statement or it was forgiven during			closing date of	Enter this total on line 12a "owe by"" or line 12b "owed to" of the Summary Page

FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

1. Committee I.D. Number 13696950

		_
2. Committee Name	CTE Barbara A. Ziarko	

- USE A SEPARATE SHEET FOR EACH EVENT -			
3. Date Event Was Held	Number of Individuals Attending or Participating (whichever is	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held
8/11/21	greater)	Dinner	Am. Polish Contury C 33204 Maple Lane SH, MI 48312. Private Residence
7. Total Contributions	7,900.5	0	
8. Other Receipts			
9. Gross Receipts (Add lines 7			•
10. Total Cost of Event (Total Cost includes In-Kind Co	TBD — WAI1 ontributions and All Expenditures	Made For the Event)	QS .
11. Check if event was a jo	oint fund raiser and complete the	following:	
Co-Sponsor(s)	Contribution S (%)	plit	Expenditure Split (%)
			
	<u> </u>		

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.

Page ____ of ___