



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.

<p>1. Committee I.D. Number <b>13696950</b></p> <p>2. Committee Name <b>CTE Barbara A. Ziarko</b></p> <p>5. Committee's Mailing Address <b>13805 Deepwood Ct. Sterling Heights, MI 48312</b></p> <p>Area Code and Phone <b>(586) 939-0332</b> <small>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.</small></p> <p>7. Treasurer's Business Address <b>13805 Deepwood Ct. Sterling Heights, MI 48312</b></p> <p>Area Code and Phone <b>(586) 939-0332</b></p>		<p>3. This Statement covers From: <b>07/19/2021</b> to <b>08/23/2021</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">4. Candidate Last Name <b>Ziarko</b></td> <td style="width:33%;">First Name <b>Barbara</b></td> <td style="width:33%;">M.I. <b>A</b></td> </tr> <tr> <td colspan="3">4a. Office Sought Including District # or Community Served (If applicable) <b>City Council</b></td> </tr> <tr> <td colspan="3">4b. County of Residence <b>MACOMB</b></td> </tr> </table> <p>6. Treasurer's Name &amp; Residential Address <b>Barbara A. Ziarko 13805 Deepwood Ct. Sterling Heights, MI 48312</b></p> <p>Area Code &amp; Phone <b>(586) 939-0332</b></p> <p>8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)</p> <p>Area Code and Phone _____</p>		4. Candidate Last Name <b>Ziarko</b>	First Name <b>Barbara</b>	M.I. <b>A</b>	4a. Office Sought Including District # or Community Served (If applicable) <b>City Council</b>			4b. County of Residence <b>MACOMB</b>		
4. Candidate Last Name <b>Ziarko</b>	First Name <b>Barbara</b>	M.I. <b>A</b>										
4a. Office Sought Including District # or Community Served (If applicable) <b>City Council</b>												
4b. County of Residence <b>MACOMB</b>												
<p><b>9. TYPE OF STATEMENT</b></p> <p>9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><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</p> <p>Date of Election, Convention or Caucus <b>08/03/2021</b></p>		<p>Required ONLY if candidate is not on the ballot for the current year:</p> <p><input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly</p> <p>9c. <input type="checkbox"/> Annual Statement ( _____ ) Coverage Year</p> <p>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)</p>										
<p><b>10. Verification:</b> 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.</p> <p>Current Treasurer or Designated Record keeper <b>Barbara A Ziarko</b> Type or Print Name Signature Date <b>8-30-21</b></p> <p>Candidate <b>Barbara A. Ziarko</b> Type or Print Name Signature Date <b>8-30-21</b></p>		<p><b>9e. Dissolution of Candidate Committee</b></p> <p><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.</p> <p>Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.</p> <p>Effective date of dissolution _____</p> <p>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>										

FILED  
 21 AUG 31 AM 9:16  
 HALL COUNTY CLERK  
 HT. CO. MI.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

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



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>8/5/21</u> Name & Address: <u>Mary Roncelli</u> <u>69900 Hicks Rd</u> <u>Armada, MI 48005</u>		\$ <u>200.00</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>Construction</u> Employer <u>self</u> Business Address <u>6471 Metro Parkway, Ster. Hgts MI 48312</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8/11/21</u> Name & Address: <u>Benjamin Ancona</u> <u>12433 Stanlite Ct.</u> <u>Sterling Hgts MI 48312</u>		\$ <u>250.00</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>8/11/21</u> Name & Address: <u>SHPOA PAC</u> <u>PO BOX 546</u> <u>Sterling Heights, MI 48311</u>		\$ <u>250.00</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8/13/21</u> Name & Address: <u>Nathan Inks</u> <u>1050 Cloverlawn</u> <u>Lincoln Park, MI 48146</u>		\$ <u>300.00</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>self</u> Business Address <u>1050 Cloverlawn, Lincoln Park, MI 48146</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 1000.00

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

4800.00

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. Tiano

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:

Charles Ruebelman  
34241 Flower Hill  
Fraser, MI 48026

\$ 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 8/11/21

Name & Address:

Linda Morgan  
14764 Patterson Dr.  
Shelby Twp, MI 48315

\$ 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 8/10/21

Name & Address:

Douglas Dinning  
3710 Lake Forest Dr.  
Sterling Heights, 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 # 4 PAC Receipt? ☐ YES

4. Date of Receipt 8/9/21

Name & Address:

Jeffrey Mandziuk  
4254 Chris Dr.  
Sterling Heights MI 48310

\$ 150.00

\$ \_\_\_\_\_

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

[Click Here for Memo Itemization](#)

Occupation Funeral Director Employer Mandziuk Funeral Home

Business Address 3801 18 Mile Rd, Sterling Heights, MI 48310

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

Page Subtotal

450.00

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

4800.00

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 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 8/13/21

Name & Address:

Carolyn Szczepanski  
14222 Edshik  
Sterling Heights MI 48312

\$ 50.00

\$

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 8/11/21

Name & Address:

Joseph Impellizzeri  
21580 Waverly  
Macomb, MI 48044

\$ 75.00

\$

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 8/11/21

Name & Address:

Danny Onderick  
53245 Sams Lane  
Chesterfield, MI 48047

\$ 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 # 4 PAC Receipt? ☐ YES

4. Date of Receipt 8/11/21

Name & Address:

CTE Joseph Romano  
12236 Grindley  
Sterling Heights 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

Page Subtotal

325.00

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

4000.00

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 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:

Jeanne Schabath Lewis  
11101 18 Mile Rd  
Sterling Hgts MI 48313

\$ 50.00 \$

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 8/11/21

Name & Address:

Rosalind Suwinski  
3204 Barton  
Sterling Heights, MI 48310

\$ 50.00 \$

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 8/11/21

Name & Address:

Lorrie Barnwell  
30130 Ervenburg Dr.  
Warren, MI 48092

\$ 50.00 \$

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 #4 PAC Receipt? ☐ YES

4. Date of Receipt 8/11/21

Name & Address:

George Parker  
13899 Brougham  
Sterling Hgts MI 48312

\$ 50.00 \$

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

200.00

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

4800.00

Enter this total on  
line 3a of Summary  
Page.



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number

13696950

2. Committee Name

CIE 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 8/9/21

Name & Address:

Wassem Ayar  
45371 Thorn Tree Ln  
Macomb, MI 48044

\$ 200.00

\$

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

Occupation OWNER Employer Urban Air

[Click Here for Memo Itemization](#)

Business Address 12050 Hall Rd, Sterling Hgts, MI 48313

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

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 8/9/21

Name & Address:

CTE Michael Nott  
PO Box 18244  
Shelby Twp, MI 48318

\$ 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 8/9/21

Name & Address:

Michael MacDonald  
18090 San Quentin Rd.  
Lathrup Village, MI 48076

\$ 200.00

\$

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

Occupation engineer Employer HRC

Business Address 555 Hulet Dr. Bloomfield Hills MI 48302

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

3. Contribution # 4 PAC Receipt? ☐ YES

4. Date of Receipt 8/9/21

Name & Address:

Timothy Doppel  
41538 Vancouver Dr.  
Sterling Heights, MI 48314

\$ 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

Page Subtotal

525.00

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

4800.00

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 <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>8/9/2021</u>			
Name & Address: <u>Carol Froling</u> <u>5440 Brookdale</u> <u>Bloomfield Hills, MI 48304</u>			
5. If over \$100.00 cumulative, please provide: Occupation <u>Developer</u> Employer <u>self</u>		\$ <u>200.00</u> \$ _____	
Business Address _____		<a href="#">Click Here for Memo Itemization</a>	
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 <u>8/9/21</u>			
Name & Address: <u>Roko Junceric</u> <u>52756 Blue Ridge</u> <u>Shelby Twp, MI 48316</u>			
5. If over \$100.00 cumulative, please provide: Occupation <u>owner</u> Employer <u>Utica Van Dyke Towing</u>		\$ <u>500.00</u> \$ _____	
Business Address <u>43500 Utica Rd, Sterling Heights, MI 48313</u>		<a href="#">Click Here for Memo Itemization</a>	
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>8/9/21</u>			
Name & Address: <u>Ded Junceric</u> <u>52756 Blue Ridge</u> <u>Shelby Twp, MI 48316</u>			
5. If over \$100.00 cumulative, please provide: Occupation <u>owner</u> Employer <u>Utica Van Dyke Service</u>		\$ <u>500.00</u> \$ _____	
Business Address <u>43500 Utica Rd, Sterling Heights, MI 48313</u>		<a href="#">Click Here for Memo Itemization</a>	
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>8/9/21</u>			
Name & Address: <u>Anthony Eckrich</u> <u>166 Shorecrest</u> <u>Grosse Pointe Shores, MI 48326</u>			
5. If over \$100.00 cumulative, please provide: Occupation _____      Employer _____		\$ <u>100.00</u> \$ _____	
Business Address _____		<a href="#">Click Here for Memo Itemization</a>	
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal

1300.00

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

4800.00

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 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:

SH Fire Fighters Union PAC local 1557  
38911 Van Dyke  
Sterling Heights MI 48312

\$ 1000.00

\$

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 \_\_\_\_\_

Name & Address \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_

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 \_\_\_\_\_

Name & Address \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_

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 # 4 PAC Receipt? ☐ YES

4. Date of Receipt \_\_\_\_\_

Name & Address \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_

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

1000.00

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

4800.00

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>Gordon Food service</u> Address <u>7835 Convention</u> <u>Warren, MI 48092</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser Prep</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/6/21</u> Date	\$ <u>94.79</u>
Expenditure #2 Name <u>Nothing Bundt Cakes</u> Address <u>14924 Hall Rd.</u> <u>Starling Heights, MI</u> <u>48313</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Dessert</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/11/21</u> Date	\$ <u>187.87</u>
Expenditure #3 Name <u>Hobby lobby</u> Address <u>44725 Schoenherr</u> <u>Starling Heights MI</u> <u>48313</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Centerpieces</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/7/21</u> Date	\$ <u>19.89</u>
Expenditure #4 Name <u>Office Max</u> Address <u>37000 Van Dyke</u> <u>Starling Heights, MI</u> <u>48312</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Labels</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/2/21</u> Date	\$ <u>32.13</u>
Expenditure #5 Name <u>COSTCO</u> Address <u>45460 Marketplace</u> <u>Shelby Twp MI 48315</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>centerpieces</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/10/21</u> Date	\$ <u>59.31</u>

Subtotal this page 393.99

Grand Total of all Schedules 1B  
 (Complete on last page of Schedule) 393.99

Enter this total  
 on line 8a of

1061



**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: 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>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>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>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 **\$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.



**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  
(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.



**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 <u>8/11/21</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>60</u>	5. Type of Fund Raising Activity <u>Dinner</u>	6. Address and Name (If any) of the place where the activity was held. <u>Am. Polish Century Club</u> <u>33204 Maple Lane</u> <u>SH, MI 48312</u> <input type="checkbox"/> Private Residence
--	---	---	--

7. Total Contributions 7,900.00  
8. Other Receipts 0  
9. Gross Receipts (Add lines 7 and 8) 7,900.00  
10. Total Cost of Event TBD - waiting on 2 invoices  
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 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.