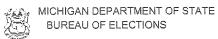


CANDIDATE COMMITTEE COVER PAGE

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:	01/01/21 _{to} 07	7/18/21				
1. Committee I.D. Number		4. Candidate Last Name	First Name		M.I.			
13696950		Ziarko	Barbara		A.			
		4a. Office Sought Including District # or Community Served (If applicable)						
2. Committee Name		City Council						
CTE Barbara A. Ziarko		4b. County of Residence MAC	COMB	4				
5. Committee's Mailing Address 13805 Deepwood Ct. Sterling Heights, MI 48312		6. Treasurer's Name & Residential Address Barbara A. Ziarko 13805 Deepwood Ct. Sterling Heights, MI 48312		21 JUL 2	ang) = 0			
Area Code and Phone (586) 393-0332 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) 939-0332			T E			
7. Treasurer's Business Address 13805 Deepwood Ct. Sterling Heights, MI 48312		8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)			,			
Area Code and Phone (586) 939-0332		Avec Code and Divini						
	<u> </u>	Area Code and Phone	9e. Dissolution of Candida	ite Committee				
9. TYPE OF STATEMENT 9a. Pre-Election OR 9b. Post-Election Pre-Election or Post-Election Statement relates to:	Required ONLY if candidate is not on the ballot for the current year:		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 oustanding assets,					
X Primary	July Quart	terly	owes no lates fees or has any		_			
General Convention	October Quarterly		Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.					
Special	9c. Annual Statement () Coverage Year		Effective date of dissolution					
School	Amer	ndment to Campaign Statement						
Caucus	(Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)		Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.					
Date of Election, Convention or Caucus								
08/03/21								
		1						
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 Date 07/26/21								
Candidate Barbara A. Ziarko	(Parbuil	Pearks Date	07/20	6/21			
Type or Print Name)	Signature)	Ti .				



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 07/02/21 Name & Address: Andrea Lynn 20809 Deerfield Farmington, MI 48335	_{\$} 300	
5. If over \$100.00 cumulative, please provide:	Cliak Hara	for Memo Itemization
Occupation Owner Employer Nothing Bundt Cakes	Click Here	TOT IMETHO ITEMIZATION
Business Address 14294 Hall Rd., Sterling Heights, MI 48313		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt		
	\$	\$
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		
Name & Address:	\$Click Here	\$for Memo Itemization
5. If over \$100.00 cumulative, please provide:		
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		atti anga kanga sa manga maka ada ada da maka sa maka sa maka da maka da maka da maka da maka da maka da maka d
	\$	<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		
Page Subtor	tal \$300.00	
Grand Total of All Schedules 1 (Complete on last page of Schedul	le) 4000.00	
Page of	Enter this total of line 3a of Summ Page.	



Page _____ of ____

FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

1. Committee I.D. Number ______

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 greater)	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held. American Polish Century Clu			
08/11/21	TBD	Dinner	33204 Maple Lane Sterling Heights, MI 48312 Private Residence			
7. Total Contributions						
8. Other Receipts						
9. Gross Receipts (Add lines 7	and 8)					
10. Total Cost of Event (Total Cost includes In-Kind Co	ntributions and All Expenditures	Made For the Event)				
11. Check if event was a jo	int fund raiser and complete the	following:				
Co-Sponsor(s)	Contribution Split (%)		Expenditure Split (%)			
	_					
	-					
	-					
The committee is required covered by the	ired to file a separate Fund Rais	er Schedule for each fund rais	sing event held during the			
 Receipts and expendit 	Campaigh Statement. ures listed on a Fund Raiser Sc ad In-Kind Contributions Schedu					

Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.