



**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

136969-50

2. Committee Name

CTE Barbara A. Ziarko

5. Committee's Mailing Address

13805 Deepwood Ct.
Sterling Heights, MI 48312

Area Code and Phone (586) 939-0332

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.

7. Treasurer's Business Address

Barbara A. Ziarko
13805 Deepwood Ct
Sterling Heights, MI 48312

Area Code and Phone (586) 939-0332

3. This Statement covers From:

8-24-21 to 10-17-21

4. Candidate Last Name

Ziarko

First Name

Barbara

M.I.

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

City Council



4b. County of Residence MACOMB



6. Treasurer's Name & Residential Address

13805 Deepwood Ct.
Sterling Heights, MI 48312

Area Code & Phone (586) 939-0332

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

Barbara A. Ziarko
13805 Deepwood Ct.
Sterling Heights, MI 48312

Area Code and Phone (586) 939-0332

9. TYPE OF STATEMENT

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

Pre-Election or Post-Election Statement relates to:

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

Date of Election, Convention or Caucus

11-2-21

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

- ☐ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement () Coverage Year

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

9e. Dissolution of Candidate Committee

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is hereby discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

Designated Record keeper

Barbara A. Ziarko

Type or Print Name

Signature

Date

11-11-21

Candidate

Barbara A. Ziarko

Type or Print Name

Signature

Date

11-11-21



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 136969-50
2. Committee Name Committee to Elect 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.

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/4/21
Name & Address:
GIULIO RUSSO
1137 Catalpa Ave.
Sterling Heights, MI 48314
5. If over \$100.00 cumulative, please provide:
Occupation BUSINESS OWNER Employer self Click Here for Memo Itemization
Business Address 4466 Mound Rd, Sterling Hgts MI 48314
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser
6. Amount \$ 200.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ _____

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 200.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule) 200.00

Enter this total on
line 3a of Summary
Page.