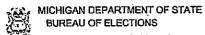


CANDIDATE COMMITTEE

FOR OFFICIAL USE ONLY

ÇOVER PAGE					
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:	8-24-21 to	10-17-21	
I, Committee I.D. Number		4. Candidate Last Name First Name M.I.			
136969-50		Ziarko Barbara			
•		4a. Office Sought Including District # or Community Served (If applicable)			
2. Committee Name		City Council			
CTE Barbara A. Ziarko		4b. County of Residence MACOMB			
5. Committee's Mailing Address		6. Treasurer's Name & Residential Address			
13805 Deepwood Ct. Sterling Heights, MI 48312		13805 Deepwood Ct. Sterling Heights, MI 48312			
Stering Fielghts, Mr 40012		Sterning Fleights, Wi 46512			
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.		Area Code & Phone (586) 939-0332			
7. Treasurer's Business Address		8. Designated Record Keeper's Name and Address (If the committee has a			
Barbara A. Ziarko		Designated Record Keeper) Barbara A. Ziarko			
13805 Deepwood Ct		13805 Deepwood Ct.			
Sterling Heights, MI 48312		Sterling Heights, MI 48312			
Area Code and Phone (586) 939-0332		Area Code and Phone (586) 939-0332			
9. TYPE OF STATEMENT			9e. Dissolution of Candi	date Committee	
9a. Pre-Election OR 9b. Post-Election is not on the current year: Pre-Election or Post-Election Statement relates to: July Quart			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, owes no lates fees or has any oustanding debt.		
		erly			
Primary	October C	Quarterly	Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.		
General					
Convention		•			
Special	9c. Annual Statement () Coverage Year		Effective date of dissolution		
School					
Caucus	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)		Note: The disposition of re Schedule 1B and the Sum	esidual funds must be reported on mary Page.	
Date of Election, Convention or Caucus					
11-2-21					
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 Parkara A.	Zark	- 	iasko Date	11-11-21	
Type or Print Name	-	Signature Marbara	(D) es la	11-11-21	
Candidate uvuva H. Clav	<u>سبم</u>	Signature	Date Date	e	
Type or Print Name	7	Oignature			



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 136969-50

2. Committee Name COMMITTEE TO FIECH BANDARA Anter last name, first name, 6. Amount 7. Cumulative for ZIANEO

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 L1	21 ·
GIUlio RUSSO	
11/37 Catalpa Ave.	s 200.00 s
Steving Heants MI 40014	
Occupation DUSINGS OWNER Employer SCIF	Click Here for Memo Itemization
Business Address 444 ULLE MOUND Rd, Stoning Hots	MI 40314
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt	
Name & Address	
	\$ \$
E 16 aver \$100.00 aumulativa planca provide:	Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation Employer.	
Overprise	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt	
5. If over \$100.00 cumulative, please provide:	\$SClick Here for Memo Itemization
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
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	
Pe	age Subtotal 200 . 00
Grand Total of All So (Complete on last page of	hedules 1A 7.00 (151)
Page of of	line 3a of Summary Page.