



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED

28 OCT 2022 AM 09:44

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

**CANDIDATE COMMITTEE
COVER PAGE**

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: 08/23/2022 to 10/23/2022

1. Committee I.D. Number

139895

2. Committee Name

CTE BARBARA ZINNER COUNTY COMMISSIONER

5. Committee's Mailing Address

**38400 ELMITE ST.
HARRISON TWP, MI 48045**

Area Code and Phone (586) 994-1784
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.

4. Candidate Last Name First Name M.I.

ZINNER BARBARA M

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

09 COUNTY COMMISSIONER, MACOMB COUNTY

4b. County of Residence **MACOMB COUNTY**

6. Treasurer's Name & Residential Address

**KEN NELSON
40862 FIRESTEEL DRIVE
STERLING HEIGHTS, MI 48313**

Area Code & Phone (586) 419-0701

7. Treasurer's Business Address

**40862 FIRESTEEL DRIVE
STERLING HEIGHTS, MI 48313**

Area Code and Phone (586) 419-0701

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

Area Code and Phone () -

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

11/08/2022

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 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.

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

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/28/2022

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/28/2022



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139895

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE BARBARA ZINNER COUNTY COMMISSIONER

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>2,208.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>2,208.00</u>	(18.) \$ <u>4,963.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>2,208.00</u>	(20.) \$ <u>4,963.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>6,997.02</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>2,963.00</u>	(22.) \$ <u>2,963.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>3,153.00</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>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>3,153.00</u>	(23.) \$ <u>4,853.00</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
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>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>12,129.32</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>1,305.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>2,208.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>3,513.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>3,153.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>360.00</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139895
2. Committee Name CTE BARBARA ZINNER COUNTY COMMISSIONER

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? ☐ YES	4. Date of Receipt <u>09/06/2022</u>	
Name & Address: KAREN MANDEVILLIE 32435 S RIVER RD HARRISON TWP, MI 48045		\$ <u>200.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/09/2022</u>	
Name & Address: MACOMB COUNTY REPUBLICAN COMMITTEE PO BOX 380962 CLINTON TOWNSHIP, MI 48038		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/10/2022</u>	
Name & Address: JOANN PREISZ 38120 CIRCLE DR HARRISON TWP, MI 48045		\$ <u>50.00</u>	\$ <u>100.00</u>
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 <u>10/12/2022</u>	
Name & Address: MICHAEL G SKUPIN 35032 HIDDEN COVE CT HARRISON TWP, MI 48045		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 900.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139895
2. Committee Name CTE BARBARA ZINNER COUNTY COMMISSIONER

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? ☐ YES 4. Date of Receipt <u>10/14/2022</u> Name & Address: MACOMB COUNTY REPUBLICAN COMMITTEE PO BOX 380962 CLINTON TOWNSHIP, MI 48038	\$ <u>500.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/18/2022</u> Name & Address: BARBARA ZINNER 38400 ELMITE ST HARRISON TWP, MI 48045	\$ <u>408.00</u>	\$ <u>908.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COUNTY COMMISSIONER</u> Employer <u>MACOMB CO BOARD OF COMM</u> Business Address <u>1 S MAIN ST, 9TH FLOOR, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser		
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/21/2022</u> Name & Address: MICHAEL G SKUPIN 35032 HIDDEN COVE CT HARRISON TWP, MI 48045	\$ <u>200.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/21/2022</u> Name & Address: PAUL M TURKAL 28381 E DULUTH ST HARRISON TWP, MI 48045	\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VETERINARIAN</u> Employer <u>DOC MCSTUFFIN PET CLINIC</u> Business Address <u>28730 HARPER, ST CLAIR SHORES, MI 48081</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		

Page Subtotal

1,308.00

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

2,208.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **139895**
2. Committee Name **CTE BARBARA ZINNER COUNTY COMMISSIONER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name HUNTINGTON NATIONAL BANK Address 39840 BRIDGEVIEW ST HARRISON TWP, MI 48045 ☐ Fund Raiser	Purpose: <u>MONTHLY BANK SERVICE CHARGE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/15/2022</u> Date	\$ <u>5.00</u>
Expenditure #2 Name C&G NEWSPAPERS Address 13650 E ELEVEN MILE RD WARREN, MI 48089 ☐ Fund Raiser	Purpose: <u>NEWSPAPER ADS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/23/2022</u> Date	\$ <u>1,570.00</u>
Expenditure #3 Name WILD BILL AND ASSOCIATES Address 40207 MORAVIAN DR CLINTON TWP, MI 48036 ☐ Fund Raiser	Purpose: <u>ELECTION SIGNS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/03/2022</u> Date	\$ <u>136.00</u>
Expenditure #4 Name LITHAPRINT SERVICES Address 21541 GRATIOT AVE EASTPOINTE, MI 48021 ☐ Fund Raiser	Purpose: <u>FLYER PRINTING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/06/2022</u> Date	\$ <u>143.00</u>
Expenditure #5 Name WILD BILL AND ASSOCIATES Address 40207 MORAVIAN DR CLINTON TWP, MI 48036 ☐ Fund Raiser	Purpose: <u>ELECTION SIGNS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/10/2022</u> Date	\$ <u>136.00</u>

Subtotal this page **1,990.00**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **139895**
2. Committee Name **CTE BARBARA ZINNER COUNTY COMMISSIONER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name HUNTINGTON NATIONAL BANK Address 39840 BRIDGEVIEW ST HARRISON TWP, MI 48045 ☐ Fund Raiser	Purpose: <u>MONTHLY BANK SERVICE CHARGE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/15/2022</u> Date	\$ <u>5.00</u>
Expenditure #2 Name C&G NEWSPAPERS Address 13650 E ELEVEN MILE RD WARREN, MI 48089 ☐ Fund Raiser	Purpose: <u>NEWSPAPER ADS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/19/2022</u> Date	\$ <u>1,158.00</u>
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **1,163.00**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **3,153.00**

Enter this total
on line 8a of
Summary Page



ITEMIZED IN-KIND EXPENDITURES

SCHEDULE 1B – IK CANDIDATE COMMITTEE

139895

1. Committee I. D. Number _____
2. Committee Name CTE BARBARA ZINNER COUNTY COMMISSIONER

3. Name and Address of person to whom goods or services were donated or transferred.	4. Type of In-Kind Expenditure (Check appropriate box and fill in description)	5. Date:	6. Fair Market Value
Expenditure #1 Name & Address: 21ST CENTURY MEDIA - MICHIGAN PO BOX 8003 WILLOUGHBY, OH 44096	4. ☐ Donation of goods or services to a Ballot Question Committee ☐ Donation of assets to tax exempt charitable Institution ☐ Donation of assets to Political Party Committee ☒ Other Description NEWSPAPER ADS	<u>09/14/2022</u> Date	\$ <u>1,300.00</u>
Expenditure #2 Name & Address: CITY OF ST CLAIR SHORES 27600 JEFFERSON AVE ST CLAIR SHORES, MI 48081	4. ☐ Donation of goods or services to a Ballot Question Committee ☐ Donation of assets to tax exempt charitable institution ☐ Donation of assets to Political Party Committee ☒ Other Description: VOTER LIST UPDATE	<u>09/20/2022</u> Date	\$ <u>93.00</u>
Expenditure #3 Name & Address: C&G NEWSPAPERS 13650 E ELEVEN MILE RD WARREN, MI 48089	4. ☐ Donation of goods or services to a Ballot Question Committee ☐ Donation of assets to tax exempt charitable institution ☐ Donation of assets to Political Party Committee ☒ Other Description: NEWSPAPER ADS	<u>10/06/2022</u> Date	\$ <u>1,158.00</u>
Expenditure #4 Name & Address: C&G NEWSPAPERS 13650 E ELEVEN MILE RD WARREN, MI 48089	4. ☐ Donation of goods or services to a Ballot Question Committee ☐ Donation of assets to tax exempt charitable institution ☐ Donation of assets to Political Party Committee ☒ Other Description: NEWSPAPER ADS	<u>10/19/2022</u> Date	\$ <u>412.00</u>
Expenditure #5 Name & Address:	4. ☐ Donation of goods or services to a Ballot Question Committee ☐ Donation of assets to tax exempt charitable institution ☐ Donation of assets to Political Party Committee ☐ Other Description:	_____ Date	\$ _____

Page Subtotal **2,963.00**

Grand Total of all Schedules 1B-IK
(Complete on last page of Schedule) **2,963.00**

Enter this total
on line 7 of
the Summary
Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139895
2. Committee Name CTE BARBARA ZINNER COUNTY COMMISSIONER

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? ☐ Yes Owed to or by: BARBARA ZINNER 38400 ELMITE ST HARRISON TWP, MI 48045	4. Type: <u>IN KIND LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>09/04/2020</u> 6. <u>Original Amount of Debt:</u> <u>\$ 132.50</u>	10/29/20 \$ 100.00 \$ \$ \$ \$	\$ 100.00	\$ 32.50 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ 0				
Debt #2 Corp? ☐ Yes Owed to or by: BARBARA ZINNER 38400 ELMITE ST HARRISON TWP, MI 48045	4. Type: <u>IN KIND LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>09/23/2020</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,093.00</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 1,093.00 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ 0				
Debt #3 Corp? ☐ Yes Owed to or by: BARBARA ZINNER 38400 ELMITE ST HARRISON TWP, MI 48045	4. Type: <u>IN KIND LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>10/07/2020</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,635.80</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 1,635.80 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ 0				

Page Subtotal (Outstanding debt)

2,761.30

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

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.

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139895
2. Committee Name CTE BARBARA ZINNER COUNTY COMMISSIONER

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? ☐ Yes Owed to or by: BARBARA ZINNER 38400 ELMITE ST HARRISON TWP, MI 48045	4. Type: <u>IN KIND LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>09/01/2021</u> 6. <u>Original Amount of Debt:</u> \$ <u>75.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>75.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #2 Corp? ☐ Yes Owed to or by: BARBARA ZINNER 38400 ELMITE ST HARRISON TWP, MI 48045	4. Type: <u>IN KIND LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>05/10/2022</u> 6. <u>Original Amount of Debt:</u> \$ <u>500.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>500.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #3 Corp? ☐ Yes Owed to or by: BARBARA ZINNER 38400 ELMITE ST HARRISON TWP, MI 48045	4. Type: <u>IN KIND LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>05/16/2022</u> 6. <u>Original Amount of Debt:</u> \$ <u>106.05</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>106.05</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				

Page Subtotal (Outstanding debt)

681.05

Grand Total of all Schedules 1E
(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 139895
2. Committee Name CTE BARBARA ZINNER COUNTY COMMISSIONER

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.
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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? ☐ Yes Owed to or by: BARBARA ZINNER 38400 ELMITE ST HARRISON TWP, MI 48045	4. Type: <u>IN KIND LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>05/18/2022</u> 6. <u>Original Amount of Debt:</u> \$ <u>58.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>58.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #2 Corp? ☐ Yes Owed to or by: BARBARA ZINNER 38400 ELMITE ST HARRISON TWP, MI 48045	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>05/20/2022</u> 6. <u>Original Amount of Debt:</u> \$ <u>452.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>452.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #3 Corp? ☐ Yes Owed to or by: BARBARA ZINNER 38400 ELMITE ST HARRISON TWP, MI 48045	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>05/26/2022</u> 6. <u>Original Amount of Debt:</u> \$ <u>39.50</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>39.50</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				

Page Subtotal (Outstanding debt)

549.50

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

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.

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139895
2. Committee Name CTE BARBARA ZINNER COUNTY COMMISSIONER

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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? ☐ Yes Owed to or by: BARBARA ZINNER 38400 ELMITE ST HARRISON TWP, MI 48045	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>06/06/2022</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,575.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0.00</u>	<u>\$ 1,575.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #2 Corp? ☐ Yes Owed to or by: BARBARA ZINNER 38400 ELMITE ST HARRISON TWP, MI 48045	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>06/16/2022</u> 6. <u>Original Amount of Debt:</u> <u>\$ 153.70</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0.00</u>	<u>\$ 153.70</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #3 Corp? ☐ Yes Owed to or by: BARBARA ZINNER 38400 ELMITE ST HARRISON TWP, MI 48045	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>06/22/2022</u> 6. <u>Original Amount of Debt:</u> <u>\$ 127.60</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0.00</u>	<u>\$ 127.60</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

1,856.30

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

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Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139895
2. Committee Name CTE BARBARA ZINNER COUNTY COMMISSIONER

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? ☐ Yes Owed to or by: BARBARA ZINNER 38400 ELMITE ST HARRISON TWP, MI 48045	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>06/23/2022</u> 6. <u>Original Amount of Debt:</u> \$ <u>116.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>116.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: BARBARA ZINNER 38400 ELMITE ST HARRISON TWP, MI 48045	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>06/27/2022</u> 6. <u>Original Amount of Debt:</u> \$ <u>1,746.80</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>1,746.80</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: BARBARA ZINNER 38400 ELMITE ST HARRISON TWP, MI 48045	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>06/29/2022</u> 6. <u>Original Amount of Debt:</u> \$ <u>58.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>58.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

1,920.80

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

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Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139895
2. Committee Name CTE BARBARA ZINNER COUNTY COMMISSIONER

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Debt #1 Corp? ☐ Yes Owed to or by: BARBARA ZINNER 38400 ELMITE ST HARRISON TWP, MI 48045	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/07/2022</u> 6. <u>Original Amount of Debt:</u> \$ <u>4.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>4.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: BARBARA ZINNER 38400 ELMITE ST HARRISON TWP, MI 48045	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/07/2022</u> 6. <u>Original Amount of Debt:</u> \$ <u>6.97</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>6.97</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: BARBARA ZINNER 38400 ELMITE ST HARRISON TWP, MI 48045	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/08/2022</u> 6. <u>Original Amount of Debt:</u> \$ <u>1,935.40</u>	<u>07/20/22</u> \$ <u>1,500.00</u> \$ \$ \$ \$	\$ <u>1,500.00</u>	\$ <u>435.40</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				

Page Subtotal (Outstanding debt)

446.37

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

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Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139895
2. Committee Name CTE BARBARA ZINNER COUNTY COMMISSIONER

This Schedule itemizes:

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Debt #1 Corp? ☐ Yes Owed to or by: BARBARA ZINNER 38400 ELMITE ST HARRISON TWP, MI 48045	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/12/2022</u> 6. <u>Original Amount of Debt:</u> \$ <u>33.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>33.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: BARBARA ZINNER 38400 ELMITE ST HARRISON TWP, MI 48045	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/13/2022</u> 6. <u>Original Amount of Debt:</u> \$ <u>450.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>450.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: BARBARA ZINNER 38400 ELMITE ST HARRISON TWP, MI 48045	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/14/2022</u> 6. <u>Original Amount of Debt:</u> \$ <u>60.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>60.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

543.00

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

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Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139895
2. Committee Name CTE BARBARA ZINNER COUNTY COMMISSIONER

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Debt #1 Corp? ☐ Yes Owed to or by: BARBARA ZINNER 38400 ELMITE ST HARRISON TWP, MI 48045	4. Type: <u>IN KIND LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>09/14/2022</u> 6. <u>Original Amount of Debt:</u> \$ <u>1,300.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>1,300.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #2 Corp? ☐ Yes Owed to or by: BARBARA ZINNER 38400 ELMITE ST HARRISON TWP, MI 48045	4. Type: <u>IN KIND LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>09/20/2022</u> 6. <u>Original Amount of Debt:</u> \$ <u>93.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>93.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #3 Corp? ☐ Yes Owed to or by: BARBARA ZINNER 38400 ELMITE ST HARRISON TWP, MI 48045	4. Type: <u>IN KIND LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>10/06/2022</u> 6. <u>Original Amount of Debt:</u> \$ <u>1,158.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>1,158.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				

Page Subtotal (Outstanding debt)

2,551.00

Grand Total of all Schedules 1E
(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

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DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139895
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Debt #1 Corp? ☐ Yes Owed to or by: BARBARA ZINNER 38400 ELMITE ST HARRISON TWP, MI 48045	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>10/18/2022</u> 6. <u>Original Amount of Debt:</u> <u>\$ 408.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>408.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: BARBARA ZINNER 38400 ELMITE ST HARRISON TWP, MI 48045	4. Type: <u>IN KIND LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>10/19/2022</u> 6. <u>Original Amount of Debt:</u> <u>\$ 412.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>412.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> _____ \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

820.00

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

12,129.32

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

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