

CANDIDATE COMMITTEE COVER PAGE

FILED 21 JUL 2025 PM 01:11

MACOMB COUNTY CLERK MT. CLEMENS, MICHIGAN

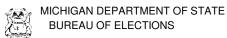
FOR OFFICIAL USE ONLY

3. This Statement covers From: 01/01/2025 Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate. to 07/20/2025 1. Committee I.D. Number 4. Candidate Last Name M.I. BARBARA ZIARKO Α 136969 4a. Office Sought Including District # or Community Served (If applicable) 2. Committee Name **COUNCIL, STERLING HEIGHTS** CTE BARBARA ZIARKO 4b. County of Residence MACOMB COUNTY 5. Committee's Mailing Address 6. Treasurer's Name & Residential Address 13805 DEEPWOOD COURT BARBARA A ZIARKO STERLING HEIGHTS, MI 48312 13805 DEEPWOOD COURT 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 Area Code & Phone (586) 939-0332 be sent to this address by the filing official. 7. Treasurer's Business Address 8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) 13805 DEEPWOOD COURT STERLING HEIGHTS, MI 48312 Area Code and Phone (586) 939-0332 Area Code and Phone 9e. Dissolution of Candidate Committee 9. TYPE OF STATEMENT Required ONLY if candidate 9a. X Pre-Election OR 9b. Post-Election By checking this item I/We certify any outstanding debt is not on the ballot for the current year: by the committee to the candidate or his or her spouse is here Pre-Election or Post-Election Statement relates to: by discharged and forgiven, and no longer collectible from July Quarterly the committee. The committee has no oustanding assets, X Primary owes no lates fees or has any oustanding debt. October Quarterly General Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Convention Special Annual Statement (Effective date of dissolution Coverage Year School Amendment to Campaign Statement (Complete Item 9a, 9b , 9c or 9e to Caucus Note: The disposition of residual funds must be reported on indicate which Statement is being Schedule 1B and the Summary Page. amended.) Date of Election, Convention or Caucus 08/05/2025 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. Submitted electronically. Current Treasurer or signature on file 07/21/2025 Designated Record keeper Date Type or Print Name Signature Submitted electronically, 07/21/2025 signature on file Candidate Date Signature Type or Print Name

1. Committee I.D. Number 136969

SUMMARY PAGE CANDIDATE COMMITTEE

CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions	0.700.00	,
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 9,730.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 9,730.00	9,730.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ 0.00	(19.) \$ 0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ _9,730.00	9,730.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ 180.00	(21.) \$ 180.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ 0.00	(22.) \$ 0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 3,808.31	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ 0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ 0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 3,808.31	(23.) \$ 3,908.31
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ 0.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ 0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)		
	(11.) \$ 0.00	(24.) \$ 0.00
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ 5,600.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ 0.00	
	BALANCE STATEMENT	1
13. Ending Balance of last report filed	(13.) \$ 3,367.71	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ 9,730.00	
(Line 5, Total Contributions & Other Receipts)		
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(15.) = \$_13,097.71	
(Add lines 9 and 11)	(16.) - \$ 3,808.31	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 9,289.40 *	

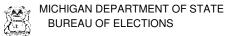


136969

CANDIDATE COMMITTEE

1. Committee I.D. Number

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 05/21/2025 Name & Address: ROSALIE RUEBELMAN 32241 FLOWER HILL DR FRASER, MI 48026 5. If over \$100.00 cumulative, please provide: Occupation TEACHER Employer WARREN CONSOLIDATED SCHOOLS Business Address 31300 ANITA DR, WARREN, MI 48093 Type of Contribution: Direct Loan from a person Fund Raiser	_{\$} 150.00	_{\$} 150.00
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/21/2025 Name & Address ROBERT P COZORT 13502 TERRA SANTA DR STERLING HEIGHTS, MI 48312	_{\$} 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/21/2025 PASHKO UJKIC PHYLLIS CT STERLING HEIGHTS, MI 48312 5. If over \$100.00 cumulative, please provide:	_{\$} 200.00	_{\$} 200.00
Occupation BUSINESS OWNER Employer SELF EMPLOYED Business Address 35252 DODGE PARK RD, STERLING HEIGHTS, MI 48312 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/21/2025 Name & Address JEFFREY MANDZIUK 4254 CHRIS DR STERLING HEIGHTS, MI 48310	_{\$} 250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide: Occupation FUNERAL DIRECTOR Employer SELF EMPLOYED Business Address 3801 18 MILE RD, STERLING HEIGHTS, MI 48314 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 1 of 10	750.00 Enter this total on line 3a of Summary Page.	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

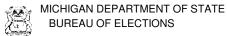
136969 1. Committee I.D. Number

2. Committee Name CTE BARBARA 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 05/21/2025 Name & Address: ROSALIND SUWINSKI 3204 BARTON DR STERLING HEIGHTS, MI 48310 5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer	_{\$} 50.00	_{\$} 50.00
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/21/2025 Name & Address JOSEPH IMPELLIZZERI 21580 WAVERLY DR MACOMB, MI 48044 5. If over \$100.00 cumulative, please provide:	\$ 100.00	_{\$} 100.00
Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 05/21/2025 BENJAMIN ANCONA 12433 STARLITE CT STERLING HEIGHTS, MI 48312	_{\$} 100.00	_{\$} _100.00
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 05/21/2025 Name & Address CHALDEAN CHAMBER, PAC 2075 WALNUT LAKE RD WEST BLOOMFIELD, MI 48323	_{\$} 500.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	750.00	1
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	750.00 Enter this total on	-

Page 2 of 10

line 3a of Summary Page.



CANDIDATE COMMITTEE

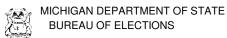
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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/21/2025 Name & Address: LAWRENCE SCOTT 12900 HALL RD		
STERLING HEIGHTS, MI 48313	_{\$} 250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNERY Employer O'REILLY RANCILIO P.C.		
Business Address 12900 HALL RD, #350, STERLING HEIGHTS, MI 48313		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/21/2025		_
Name & Address LAURA KASZUBSKI		
1096 BROMPTON RD	_{\$} 250.00	_s 250.00
ROCHESTER HILLS, MI 48309	-	·
5. If over \$100.00 cumulative, please provide:		
Occupation HOME MAKER Employer SELF		
Business Address 1096 BROMPTON RD, ROCHESTER HILLS, MI 48309		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 05/21/2025		
DONALD DENAULT, JR.	125.00	105.00
15731 MARCIE DR FRASER, MI 48026	_{\$} 125.00	_{\$} 125.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNERY Employer O'REILLY RANCILIO		
Business Address 12900 HALL RD, #350, STERLING HEIGHTS, MI 48313		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/21/2025		
Name & Address BRIAN GRANT		
46563 MARINER DR	§250.00	250.00
MACOMB, MI 48044	<u>\$ 200.00</u>	<u>\$ 200.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer O'REILLY RANCILIO		
Business Address 12900 HALL RD, #350, STERLING HEIGHTS, MI 48313		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	875.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)]
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Page 3 of 10

line 3a of Summary Page.

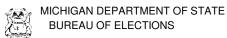


ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number

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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 05/21/2025 Name & Address: MICHAEL C TAYLOR 14986 PARKVIEW CT STERLING HEIGHTS, MI 48313	_{\$} 500.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNERY Employer GIAMARCO, MULLIN &HORTON Business Address 101 W BIG BEAVER RD, TROY, MI 48084 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/21/2025 Name & Address FATIN CHOULAGH 48568 AMBER LN SHELBY TWP., MI 48315	_{\$} 500.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide: Occupation HOMEMAKER Employer SELF		
Business Address 48568 AMBER LN, SHELBY TWP, MI 48315 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 05/21/2025 Name & Address: NATHAN PATRUSAK 13738 GRANDEUR AVE SHELBY TWP., MI 48315	_{\$} 125.00	_{\$} 125.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer O'REILLY RANCILIO, P.C. Business Address 12900 HALL RD, STERLING HEIGHTS, MI 48313 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/21/2025 Name & Address ALLYSSA ERICSON 8321 PIONEER ST WASHINGTON, MI 48094	_{\$} 125.00	_{\$_} 125.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer O'REILLY RANCILIO, P.C. Business Address 12900 HALL RD, STERLING HEIGHTS, MI 48313		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	1,250.00	-
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	
Page 4 of 10	Page.	



CANDIDATE COMMITTEE

1. Committee I.D. Number ____136969

2. Committee Name

CTE BARBARA ZIARKO

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/21/2025 Name & Address: CLARK ANDREWS 53985 SUTHERLAND LN MI 48316	_{\$} 125.00	_{\$} 125.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer O'REILLY RANCILIO, P.C.		
Business Address 12900 HALL RD, #350, STERLING HEIGHTS, MI 48313 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/21/2025 Name & Address		
STEPHEN PANGORI 8106 ROSEBUD LN CLARKSTON VLG, MI 48348	_{\$} 250.00	<u>\$ 250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation PRESIDENT Employer AEW		
Occupation PRESIDENT Employer AEW Business Address 51301 SCHOENHERR RD, SHELBY TWP, MI 48315		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/21/2025 LAWRENCE CALCATERRA 36900 SCHOENHERR RD STERLING HEIGHTS, MI 48312	_{\$} 300.00	_{\$} 300.00
5. If over \$100.00 cumulative, please provide:		
Occupation FUNERAL DIRECTOR Employer WUJEK-CALCATERA FUNERAL HOME		
Business Address 36900 SCHOENHERR RD, STERLING HEIGHTS, MI 48312 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/21/2025		
Name & Address SARAH BONNER 4875 SAWGRASS DR W ANN ARBOR, MI 48108	_{\$} 125.00	_{\$} 125.00
5. If over \$100.00 cumulative, please provide:		
Occupation HOME MAKER Employer SELF		
Business Address 4875 SAWGRASS DR W, ANN ARBOR, MI 48108		
Type of Contribution: ☐ Direct ☐ Loan from a person ✔ Fund Raiser		<u></u>
Page Subtotal	800.00	-
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page	Enter this total on line 3a of Summary Page.	

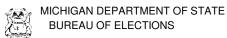


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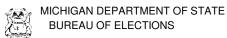
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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/21/2025 Name & Address: ALAN CASMERE 28836 PANAMA ST WARREN, MI 48092	_{\$} 200.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide: Occupation BUSINESS OWNER Employer FRIENDLY SELF STORAGE Business Address 33400 MAPLE LN DR, STERLING HEIGHTS, MI 48312 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/21/2025 Name & Address SCOTT LOCKWOOD 950 SOUTHDOWN RD BLOOMFIELD HILLS, MI 48304	_{\$} 125.00	_{\$} 125.00
5. If over \$100.00 cumulative, please provide: Occupation ENGINEER Employer AEW ENGINEERS		
Business Address 51301 SCHOENHERR RD, SHELBY TWP, MI 48315 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 05/21/2025 Name & Address: PHILLIP RUGGERI 55764 ST REGIS DR SHELBY TWP, MI 48315	\$500.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer SELF Business Address 43231 SCHOENHERR RD, STERLING HEIGHTS, MI 48313 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 05/21/2025 Name & Address MICHAEL MACDONALD 18890 SAN QUENTIN DR LATHRUP VILLAGE, MI 48076	_{\$} 250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide: Occupation ENGINEER Employer HRC ENGINEERING		
Business Address 12050 HALL RD, STERLING HEIGHTS, MI 48313		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 6 of 10	1,075.00 Enter this total on line 3a of Summary Page.	-



CANDIDATE COMMITTEE

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/21/2025 Name & Address: JOHN BOLOGNA 19135 SAXON DR BEVERLY HILLS, MI 48025 5. If over \$100.00 cumulative, please provide: Occupation BUSINESS OWNER Employer SELF	_{\$} 250.00	_{\$} 250.00
Business Address 19135 SAXON DR, BEVERLY HILLS, MI 48025 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/21/2025 Name & Address BRIAN KERN 54482 RIDGEVIEW DR SHELBY TWP, MI 48316	\$250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide: Occupation PRESIDENT Employer J.G. KERN ENTERPRISES Business Address 44044 MERRILL RD, STERLING HEIGHTS, MI 48314 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 05/21/2025 Name & Address: DED JUNCEVIC 52756 BLUE RIDGE DR SHELBY TWP, MI 48316	_{\$} 2,000.00	_{\$} 2,000.00
5. If over \$100.00 cumulative, please provide: Occupation BUSINESS OWNER Employer UTICA VAN DYKE TOWING Business Address 43500 UTICA RD, STERLING HEIGHTS, MI 48314 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/21/2025 Name & Address NATHAN INKS CLOVERLAWN DR STERLING HEIGHTS, MI 48312	_{\$} 500.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer BLOOM SLUGGETT, P. C.		
Business Address 161 OTTAWA AVE NW, GRAND RAPIDS, MI 49503 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 7 of 10	Enter this total on line 3a of Summary Page.	



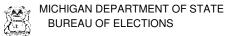
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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/21/2025 Name & Address: ROKO JUNCEVIC 52756 BLUE RIDGE DR SHELBY TWP, MI 48316	_{\$} 500.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide: Occupation BUSINES OWNER Employer SELF		
Business Address 43500 UTICA RD, STERLING HEIGHTS, MI 48314 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/21/2025 Name & Address RADTKE CTE MICHAEL 34205 BARRETT DR STERLING HEIGHTS, MI 48312	_{\$} 100.00	_{\$} 100.00
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 05/21/2025 Name & Address: WOJNO CTE PAUL 32025 MARGARET CT WARREN, MI 48093	_{\$} 100.00	_{\$} 100.00
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 05/21/2025 Name & Address BARBARA WILSON 13826 BREEZY DR STERLING HEIGHTS, MI 48313	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	750.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 6 of 10	Enter this total on line 3a of Summary Page.	J



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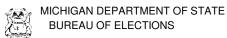
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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/21/2025 Name & Address: GEORGE PARKER 13899 BROUGHAM DR STERLING HEIGHTS, MI 48312 5. If over \$100.00 cumulative, please provide:	_{\$} 30.00	_{\$} 30.00
Occupation RETIRED Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/21/2025 Name & Address OSOSKIE E ROCHELE 14825 SPARROW DR SHELBY TWP, MI 48315	_{\$} 100.00	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/21/2025 Name & Address: MICHAEL NOTTE 48728 JAMIE CIR SHELBY TWP, MI 48317	\$ 100.00	_{\$_} 100.00
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 05/21/2025 Name & Address JOHN FENN 13288 LILLIAN LN STERLING HEIGHTS, MI 48313	_{\$} 125.00	_{\$_} 125.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer		
Business Address		
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	T	
Page Subtotal	355.00	-
Grand Total of All Schedules 1A (Complete on last page of Schedule)		_
Ω 10	Enter this total on line 3a of Summary	

Page 9 of 10

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CANDIDATE COMMITTEE

136969 1. Committee I.D. Number

CTE BARBARA ZIARKO

	x to indicate if cont	ribution is from a Political Co	ual, enter last name, first name, mmittee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: NICK NAJJAR	PAC Receipt?	YES 4. Date of Re	eceipt 06/25/2025	-	
850 STEPHENS TROY, MI 48083				_s 125.00	_s 125.00
,		and dec		<u>\$ 120.00</u>	\$
5. If over \$100.00 cumu Occupation REAL ES					
Business Address 850) STEPHEN	ISON HWY, TROY	7. MI 48083		
Type of Contribution:		Loan from a person	Fund Raiser		
3. Contribution #2 Name & Address	PAC Receipt?	YES 4. Date of Re	eceipt		
				\$	\$
5. If over \$100.00 cumu	lative, please pro	vide:		Click Here fo	or Memo Itemization
Occupation		_ Employer			
Business Address					
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
3. Contribution # 3 Name & Address:	PAC Receipt?	YES 4. Date of R	eceipt	-	
				\$	\$
5. If over \$100.00 cumu	lative, please pro	vide:		Click Here fo	r Memo Itemization
Occupation		_ Employer			
Business Address					
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
3. Contribution # 4 Name & Address	PAC Receipt?	YES 4. Date of F	Receipt		
				\$	\$
5. If over \$100.00 cumu	ılative, please pro	ovide:		Click Here fo	r Memo Itemization
Occupation		Employer			
Business Address					
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
			Page Subtota	125.00	
		(G	Grand Total of All Schedules 1A omplete on last page of Schedule	9,730.00	

Page 10 of 10

Enter this total on line 3a of Summary Page.



ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK

1. Committee I. D. Number 136969

CANDIDATE COMMITTEE

2. Committee Name CTE BARBARA ZIARKO

9,112,27112 99			
3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box)5. Date of Receipt6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address: RODNEY SRODEK 2767 NORWALK ST HAMTRAMCK, MI 48212 If over \$100.00 cumulative, please provide: Occupation: BUSINESS OWNER Employer Name & Business Address: SRODEK MARKET 40211 MOUND RD, STERLING HEIGHTS, MI 48310 Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ✓ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others-LOAN Description SAUSAGE 5. Date Of Receipt: 05/21/2025 6. Vendor Name & Address:	180.00	_{\$} 180.00
Contribution # 2 PAC Receipt? Yes Name & Address If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4.		\$
Fund Raiser Contribution	C	Click Here for Memo I	temization
Contribution #3 PAC Receipt? Yes Name & Address:	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN	\$	3
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: Fund Raiser Contribution	Description 5. Date Of Receipt: 6. Vendor Name & Address:	Click Here for Memo	Itemization
	Page Subtot	180.00	180.00
	-9	100.00	100.00

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

> Enter this total on line 6 of Summary Page

180.00



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 136969

2. Committee Name CTE BARBARA ZIARKO

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name RAY WIEGANDS Address 47747 ROMEO PLANK RD MACOMB, MI 48044	Purpose: CENTERPIECES FOR FUNDRAISER	05/18/2025 Date	\$ <u>179.00</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name NOTHING BUNDT CAKES Address 14924 HALL RD	Purpose: FUNDRAISER DESSERTS	05/21/2025 Date	\$ <u>162.51</u>
STERLING HEIGHTS, MI 48313 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name AMERICAN POLISH FESTIVAL Address 33204 MAPLE LN DR	Purpose: SIGN FOR FESTIVAL	05/28/2025 Date	\$ <u>100.00</u>
STERLING HEIGHTS, MI 48312 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4 Name LITHO Address 21541 GRATIOT AVE	Purpose: FUNDRAISER INVITATIONS	05/28/2025 Date	\$ <u>318.00</u>
EASTPOINTE, MI 48021	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name C &G NEWSPAPERS Address 13650 E 11 MILE RD WARREN, MI 48089	Purpose: ADVERTISING Check box if this expenditure is payment of debt or obligation reported on previous	06/20/2025 Date	\$ <u>1,140.80</u>
Fund Raiser	statement	tal this page	1,900.31
	Grand Total of all 5 (Complete on last page		

Enter this total on line 8a of Summary Page



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 136969

2. Committee Name CTE BARBARA ZIARKO

2. 0	John Million Hame		
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1		<u> </u>	
		06/20/2025	
Name PENNA'S OF STERLING			\$ 1,908.00
	Purpose: FUNDRAISER	Date	
Address	Purpose: 1 STABITATION TO		
38400 VAN DYKE AVE			
STERLING HEIGHTS, MI 48312			
,	Check box if this expenditure is payment of	:	
	debt or obligation reported on previous		
Fund Raiser	statement		
	Statement		
Expenditure #2			
Name			
			\$
	D	Date	
Address	Purpose:		
	Click	Here for Memo	Itemization Type
	Check box if this expenditure is payment of	İ	
Fund Raiser	debt or obligation reported on previous statement		
	Statement		
Expenditure #3			
Name			
			\$
		Date	Ψ
Address	Purpose:	Bato	
	0		
	Click	Here for Memo	Itemization Type
	Check box if this expenditure is payment of	F	
	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name			
			\$
Address	D	Date	
7 dai 000	Purpose:		
			–
	Click	Here for Memo	Itemization Type
	Check box if this expenditure is payment of	;	
	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name			
			\$
Address	Purpose:	Date	Ψ
	1 diposo		
	Click	Here for Memo	Itemization Type
	l ——		nomization Typo
	Check box if this expenditure is payment of	l	
Fund Raiser	debt or obligation reported on previous statement		
	Statoment		
	Subt	otal this page	1,908.00
	Grand Total of all	Cabadulaa 1D	2 202 21

Enter this total on line 8a of Summary Page

(Complete on last page of Schedule)



DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number

136969

SCHEDULE IE	
CANDIDATE COMMITTEE	

2. Committee Name CTE BARBARA ZIARKO

This Schedule itemizes:				
a Debts and obligations owed by or forgiven the composition (Chec	mittee OR b. Debteck either a or b. Use only for the pu	s and obligations owed <u>to</u> ourpose checked.)	or forgiven <u>by</u> the con	nmittee.
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 endorsers 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: TOMMY ZIARKO	4. Type: LOAN	\$		
13805 DEEPWOOD CT	5. <u>Date Debt Was Incurred</u> :	\$		
STERLING HEIGHTS, MI 48312	12/01/2001	\$	\$ 0.00	_{\$} 1,100.00
	6. Original Amount of Debt:	\$	\$ 0.00	FORGIVEN
	\$_1,100.00	 		FORGIVEN
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$ 0	<u> </u>
Debt #2 Corp? Yes Owed to or by: TOMMY ZIARKO	4. Type: LOAN	\$		
13805 DEEPWOOD CT	5. <u>Date Debt Was Incurred</u> :	\$		
STERLING HEIGHTS, MI 48312	04/01/2003	\$	0.00	\$ 900.00
,	6. Original Amount of Debt:	\$	\$ 0.00	\$_900.00_
	\$ 900.00	\$		FORGIVEN
If hank lean name of andersor or suprenter.		 -)
If bank loan, name of endorser or guarantor: Debt #3 Corp? Yes	LOAN	A	mount Endorsed: \$	<u> </u>
Owed to or by:	4. Type: LOAN	\$		
TOMMY ZÍARKO 13805 DEEPWOOD CT	5. <u>Date Debt Was Incurred</u> :	\$		
STERLING HEIGHTS, MI 48312	02/18/2005	\$		1 000 00
	6. Original Amount of Debt:	\$	\$_0.00	\$_1,000.00
	_{\$} 1,000.00			FORGIVEN
				n
If bank loan, name of endorser or guarantor:			mount Endorsed: \$_	
		Page Subtota	l (Outstanding debt)	3,000.00
(Co	omplete on last page of Schedule s	Grand Tota showing amounts owed by	of all Schedules 1E or to the committee)	
				Enter this total

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.

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

Page 1 of 2



DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number

136969

SCHEDULE IE		CTE BARBARA ZIARK
CANDIDATE COMMITTEE	2. Committee Name	
CANDIDATE COMMITTEE		

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.				
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 endorsers 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 ZIARKO	4. Type: LOAN	\$		
13805 DEEPWOOD CT	5. <u>Date Debt Was Incurred</u> :	\$		
STERLING HEIGHTS, MI 48312	05/01/2005	\$	\$ 0.00	¢ 600.00
	6. Original Amount of Debt	\$	\$ 0.00	Ψ
	\$ <u>600.00</u>			FORGIVEN
If hank loop, name of andorser or accordant		\$	•	•
If bank loan, name of endorser or guarantor:	T	Am	ount Endorsed: \$ _	
Debt #2 Corp? Yes Owed to or by: BARBARA ZIARKO	4. Type: LOAN	\$		
13805 DEEPWOOD CT	5. <u>Date Debt Was Incurred</u> :	\$		
STERLING HEIGHTS, MI 48312	10/01/2017	\$	0.00	¢ 2,000.00
·	6. Original Amount of Debt:	\$	\$ 0.00	\$_2,000.00
	\$ 2,000.00			FORGIVEN
		\$		
If bank loan, name of endorser or guarantor:	1	Aı	mount Endorsed: \$_	
Debt #3 Corp? Yes Owed to or by:	4. Type:	\$		
	5. <u>Date Debt Was Incurred</u> :	\$		
		\$		
	6. Original Amount of Debt:	\$	\$	\$
	\$			FORGIVEN
		\$		
If bank loan, name of endorser or guarantor:		A	mount Endorsed: \$_	
		Page Subtota	I (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
(00	simplicate of last page of contoune a	moving amounts owed by	o. to the committee)	

abadula if these was an autotanding amount awad on it at the alasing data of

of "owed to" of the Summary Page

Enter this total on line 12a "owed by"" or line 12b

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.