



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**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.

<b>1. Committee I.D. Number</b> 00136969-50		<b>3. This Statement covers From:</b> <u>01/01/09</u> to <u>10/18/09</u>	
<b>2. Committee Name</b> CTE Barbara A. Ziarko		<b>4. Candidate Last Name</b> Ziarko <b>First Name</b> Barbara <b>M.I.</b> A. <b>4a. Office Sought Including District # or Community Served (If applicable)</b> Sterling Heights City Council <b>4b. County of Residence</b> Macomb	
<b>5. Committee's Mailing Address</b> 13805 Deepwood Court Sterling Heights, MI 48312  Area Code and Phone (586) 939-0332 <small>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.</small>		<b>6. Treasurer's Name &amp; Residential Address</b> Tommy Ziarko 13805 Deepwood Court Sterling Heights, MI 48312  Area Code & Phone (586) 939-0332	
<b>7. Treasurer's Business Address</b> 13805 Deepwood Court Sterling Heights, MI 48312  Area Code and Phone (586) 939-0332		<b>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)</b> Tommy Ziarko  Area Code and Phone (586) 939-0332	
<b>9. TYPE OF STATEMENT</b>			
9a. <input checked="" type="checkbox"/> Pre-Election <b>OR</b> 9b. <input type="checkbox"/> Post-Election		9c. <input type="checkbox"/> Annual Statement ( _____ Coverage Year)	
Pre-Election or Post-Election Statement relates to:		9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		9e. <input type="checkbox"/> Dissolution of Candidate Committee	
<input type="checkbox"/> Convention <input type="checkbox"/> School		Effective Date of Dissolution _____	
<input type="checkbox"/> Special <input type="checkbox"/> Caucus		By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.	
Date of Election, Convention or Caucus <u>11/03/09</u>		Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
<small>A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.</small>			
<b>10. Verification:</b> 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 <u>Tommy Ziarko</u> Type or Print Name		<u>Tommy Ziarko</u> Date <u>10/18/09</u> Signature	
Candidate <u>Barbara A. Ziarko</u> Type or Print Name		<u>Barbara A. Ziarko</u> Date <u>10/18/09</u> Signature	



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 00136969-50  
2. Committee Name CTE BARBARA A ZIARKO

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>8495.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>0</u>	(18.) \$ <u>0</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>25.00</u>	(19.) \$ <u>25.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>8520.00</u>	(20.) \$ <u>8520.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0</u>	(21.) \$ <u>0</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0</u>	(22.) \$ <u>0</u>
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>3542.96</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>3542.96</u>	(23.) \$ <u>3542.96</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)</b>		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0</u>	(24.) \$ <u>0</u>
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>3600.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0</u>	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>1317.28</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>8520.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>9837.28</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>3542.96</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>6294.32</u>	



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 00136969-50  
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 <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? <input type="checkbox"/> YES 4. Date of Receipt <u>5/6/09</u> Name & Address: <u>RON SUWINSKI</u> <u>3204 BARTON</u> <u>S.H. 48310</u>		\$ <u>50.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/6/09</u> Name & Address: <u>HAASE JENNIFER</u> <u>34886 MAPLEWOOD LN</u> <u>RICHMOND MI 48062</u>		\$ <u>50.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/25/09</u> Name & Address: <u>DIANA KOLAKOWSKI</u> <u>33488 BRECKENRIDGE</u> <u>S.H. 48310</u>		\$ <u>30.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/4/09</u> Name & Address: <u>IMPELLIZZERI HEIDI</u> <u>21580 WAVERLY</u> <u>MALOMB MI 48044</u>		\$ <u>25.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

155.00

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 00136969-50  
2. Committee Name CTE BARBARA A ZIARRO

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? <input type="checkbox"/> YES 4. Date of Receipt <u>4/20/09</u> Name & Address: <u>PHOEBE SCHUENHEER</u> <u>27655 OLD COLONY</u> <u>FARMINGTON HILLS MI 48334</u>		\$ <u>60.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/6/09</u> Name & Address: <u>SYNYZYX JIM</u> <u>34147 DRYDEN</u> <u>S.H. 48312</u>		\$ <u>60.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/6/09</u> Name & Address: <u>MCGRATH GREG</u> <u>11136 LORMAN</u> <u>S.H. MI 48312</u>		\$ <u>60.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/5/09</u> Name & Address: <u>MC KENNA PHIL</u> <u>235 E MAIN ST</u> <u>NORTHVILLE MI 48167</u>		\$ <u>60.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 240.00

Grand Total of All Schedules 1A  
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ITEMIZED CONTRIBUTIONS  
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CANDIDATE COMMITTEE

1. Committee I.D. Number 00136969-50  
2. Committee Name CTE BARBARA A ZIARCO

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)
<p>3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>4/10/09</u></p> <p>Name &amp; Address: <u>NITZ MARTHA</u> <u>57477 WILLOWAY CT</u> <u>WASHINGTON MI 48094</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>60.00</u>	\$ _____
		<a href="#">Click Here for Memo Itemization</a>	
<p>3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>5/6/09</u></p> <p>Name &amp; Address: <u>SINGH IQBAL</u> <u>36667 ENGLISH DR</u> <u>S.H. 48310</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>60.00</u>	\$ _____
		<a href="#">Click Here for Memo Itemization</a>	
<p>3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>4/21/09</u></p> <p>Name &amp; Address: <u>BACKUS GRACE</u> <u>45550 VANKER AVE</u> <u>LITICA MI 48317</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>60.00</u>	\$ _____
		<a href="#">Click Here for Memo Itemization</a>	
<p>3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>4/29/09</u></p> <p>Name &amp; Address: <u>NO FAR KATHRYN</u> <u>2538 PORTOBELLO DR</u> <u>TROY MI 48083</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>60.00</u>	\$ _____
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Page Subtotal

240.00

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
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CANDIDATE COMMITTEE

1. Committee I.D. Number 00136969-50

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/6/09</u></p> <p>Name &amp; Address: <u>GURIK GERRY</u> <u>13817 DEEPWOOD CT</u> <u>S.H. 48312</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>100.00</u>	\$ _____
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/6/09</u></p> <p>Name &amp; Address: <u>NAUMOVSKI BLAGOJA</u> <u>8777 18 MILE</u> <u>S.H. 48313</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>65.00</u>	\$ _____
<p>3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/30/09</u></p> <p>Name &amp; Address: <u>ALBIN PRM</u> <u>4119 KATYDIA LN</u> <u>KALAMAZOO MI 49008</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>60.00</u>	\$ _____
<p>3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/31/09</u></p> <p>Name &amp; Address: <u>NEHEISEL STEPHEN</u> <u>1362 KINGSPAT DR</u> <u>ROCHESTER HILLS MI</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>60.00</u>	\$ _____

Page Subtotal

285.00

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MICHIGAN DEPARTMENT OF STATE  
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ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 00136969-50  
2. Committee Name CTE BARBARA A. ZIARICO

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)
<p>3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/21/09</u></p> <p>Name &amp; Address: <u>ZEE ROBERT</u> <u>1698 PINOAK CT</u> <u>TROY MI 48098</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address <u>SAME AS ABOVE</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>120.00</u>	
		<a href="#">Click Here for Memo Itemization</a>	
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/6/09</u></p> <p>Name &amp; Address: <u>CAMPBELL LARRY</u> <u>6690 VERNMOOR DR</u> <u>TROY MI</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>100.00</u>	
		<a href="#">Click Here for Memo Itemization</a>	
<p>3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/29/09</u></p> <p>Name &amp; Address: <u>LAMPAR KEN</u> <u>43304 VINSETTA DR</u> <u>S.H. 48313</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>100.00</u>	
		<a href="#">Click Here for Memo Itemization</a>	
<p>3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/6/09</u></p> <p>Name &amp; Address: <u>HOOVER EDWIN</u> <u>9661 DIXIE HWY</u> <u>FAIR HAVEN 48023</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESSMAN</u> Employer <u>SELF EMPLOYED</u> Business Address <u>SAME AS ABOVE</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>120.00</u>	
		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal

440.00

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ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 00136969-50  
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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution #1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>4/20/09</u></p> <p>Name &amp; Address: <u>MANDZIUK LILA</u> <u>4254 CHRIS DR</u> <u>S.H 48310</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>FUNERAL DIRECTOR</u> Employer <u>SELF EMPLOYED</u> Business Address <u>3801 18 MILE RD SH.</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>180<sup>00</sup></u>	\$ _____
		<a href="#">Click Here for Memo Itemization</a>	
<p>3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>5/6/09</u></p> <p>Name &amp; Address: <u>JARVIS BILL</u> <u>41800 EXECUTIVE DR</u> <u>HARRISON TWP 48045</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESSMAN</u> Employer <u>JARVIS CONSTRUCTION</u> Business Address <u>SAME AS ABOVE</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>180<sup>00</sup></u>	\$ _____
		<a href="#">Click Here for Memo Itemization</a>	
<p>3. Contribution #3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>5/4/09</u></p> <p>Name &amp; Address: <u>CUETER WALT</u> <u>260 CHARING CROSS CT</u> <u>BLOOMFIELD HILLS MI 48304</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE</u> Employer <u>SELF EMPLOYED</u> Business Address <u>SAME AS ABOVE</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>150<sup>00</sup></u>	\$ _____
		<a href="#">Click Here for Memo Itemization</a>	
<p>3. Contribution #4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>4/19/09</u></p> <p>Name &amp; Address: <u>MAREK Nanci</u> <u>13842 BATHGATE</u> <u>SH 48312</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>TEACHER</u> Employer <u>RO SCHOOL Sys</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>120<sup>00</sup></u>	\$ _____
		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal

630<sup>00</sup>

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ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 00136969-50  
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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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 Name & Address: <u>MARK GARY</u> <u>23118 GLENBROOK</u> <u>SC SHORES 48082</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/21/09</u>	\$ <u>120.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address <u><del>SC SHORES</del></u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: <u>VJ KIL LUCAS</u> <u>6200 AUBURN RT</u> <u>SHELBY TWP 48317</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/6/09</u>	\$ <u>150.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESSMAN</u> Employer <u>SELF EMPLOYED - TOWING</u> Business Address <u>SAME AS ABOVE</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3 Name & Address: <u>RUGGERI PAUL</u> <u>55764 ST REGIS</u> <u>SHELBY TWP</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/1/09</u>	\$ <u>250.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address <u>44250 SCHUENHEIDER S.H.</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4 Name & Address: <u>KLIEMAN JENNIFER</u> <u>14650 ZEMILE RD</u> <u>SHELBY TWP 48315</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/5/09</u>	\$ <u>300.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESSMAN</u> Employer <u>SELF EMP - WIEGAND TRK</u> Business Address <u>37580 MOUND RD S.H. 48310</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

820.00

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

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line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 00136969-50

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution #1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>3/28/09</u></p> <p>Name &amp; Address: <u>JUNCEVIC DINO</u> <u>52756 BLUE RIDGE DR</u> <u>SHELBY TWP 48316</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>BUSINESSMAN</u>      Employer <u>SELF EMP - UTICA VDYKE TOWING</u></p> <p>Business Address <u>43500 UTICA RD</u>      <u>S.H.</u></p> <p>Type of Contribution: <input type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>200<sup>00</sup></u>	\$ _____
<p>3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>3/27/09</u></p> <p>Name &amp; Address: <u>KALAYDJIAN ARMENAG</u> <u>845 ORCHARD RIDGE</u> <u>BLOOMFIELD MI 48304</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>BUSINESSMAN</u>      Employer <u>SELF</u></p> <p>Business Address <u>33600 MOUND</u>      <u>S.H.</u></p> <p>Type of Contribution: <input type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>200<sup>00</sup></u>	\$ _____
<p>3. Contribution #3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>3/29/09</u></p> <p>Name &amp; Address: <u>GOLDIE SUE</u> <u>35571 DRAKE DR</u> <u>S.H. 48310</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>RETIRED</u>      Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>100<sup>00</sup></u>	\$ _____
<p>3. Contribution #4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>3/27/09</u></p> <p>Name &amp; Address: <u>LEPINE JOAN</u> <u>14732 HOWELL CT</u> <u>STERLING HTS</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____      Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>100<sup>00</sup></u>	\$ _____

Page Subtotal

600<sup>00</sup>

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

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line 3a of Summary  
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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 00136969-50

2. Committee Name CTE BARBARA A ZIARCO

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? <input type="checkbox"/> YES	4. Date of Receipt <u>4/1/09</u>	
Name & Address: <u>MUELLER ART</u> <u>13841 DEERWOOD CT</u> <u>SH 48312</u>		\$ <u>150<sup>00</sup></u>	\$
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>3/30/09</u>	
Name & Address: <u>HETRICK ROBERT</u> <u>43560 MEADOWS CT</u> <u>CLINTON TWP</u>		\$ <u>60<sup>00</sup></u>	\$
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>3/31/09</u>	
Name & Address: <u>MALONE TIM</u> <u>14708 CARMEL</u> <u>SH 48312</u>		\$ <u>60<sup>00</sup></u>	\$
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>3/29/09</u>	
Name & Address: <u>SHANK RANDY</u> <u>40715 GULLIVER</u> <u>SH 48310</u>		\$ <u>60<sup>00</sup></u>	\$
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

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330<sup>00</sup>

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

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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 00136969-50  
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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: <u>WARHOLAK HARRY</u> <u>155 SHAGBARK DR</u> <u>ROCHESTER HILLS MI 48309</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/29/09</u>	\$ <u>60<sup>00</sup></u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: <u>OEHMKE WAYNE</u> <u>17610 ZIMMEL RD</u> <u>MALCOMB MI 48044</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/27/09</u>	\$ <u>60<sup>00</sup></u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: <u>ALLISON VALENA</u> <u>102 TELFORD</u> <u>TROY 48098</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/2/09</u>	\$ <u>60<sup>00</sup></u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: <u>DENAUET DON</u> <u>15731 MARCIE</u> <u>FRASER</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/31/09</u>	\$ <u>60<sup>00</sup></u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

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240<sup>00</sup>

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ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 00136969-50  
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 <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? <input type="checkbox"/> YES      4. Date of Receipt <u>4/6/09</u> Name & Address: <u>CIPRANO SAM</u> <u>5547 CRYSTAL WASHINGTON 48094</u>		\$ <u>60.00</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>4/7/09</u> Name & Address: <u>ANDREWS CLARK</u> <u>53985 SUTHERLAND LN</u> <u>SHELBY TWP 48316</u>		\$ <u>60.00</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>4/1/09</u> Name & Address: <u>LUNDQUIST MICHELLE</u> <u>39526 MALCOMBER ST</u> <u>HARRISON TWP 48045</u>		\$ <u>60.00</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>3/28/09</u> Name & Address: <u>LEARY GEORGINA</u> <u>17259 ACUSTA</u> <u>MACOMB 48042</u>		\$ <u>120.00</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>CHRYSLER</u> Business Address <u>800 CHRYSLER DR AUBURN HILLS</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 300.00

Grand Total of All Schedules 1A  
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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 00136969-50

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 <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? <input type="checkbox"/> YES	4. Date of Receipt <u>4/1/09</u>	
Name & Address: <u>ALIX CINDY</u> <u>3233 N ELDER</u> <u>W. BLOOMFIELD 48324</u>		\$ <u>120<sup>00</sup></u>	\$
5. If over \$100.00 cumulative, please provide: Occupation <u>HOMEMAKER</u> Employer _____ Business Address <u>SAME AS ABOVE</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>3/29/09</u>	
Name & Address: <u>BOLOGNA JOHN</u> <u>19135 SAXON DR</u> <u>BEVERLY HILLS 48025</u>		\$ <u>120<sup>00</sup></u>	\$
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESSMAN</u> Employer <u>SELF</u> Business Address <u>SAME AS ABOVE</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>3/26/09</u>	
Name & Address: <u>FROLING CAROLE</u> <u>3715 15 MILE RD</u> <u>SH 48310</u>		\$ <u>120<sup>00</sup></u>	\$
5. If over \$100.00 cumulative, please provide: Occupation <u>HOMEMAKER</u> Employer <u>NONE</u> Business Address <u>SAME AS ABOVE</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>3/27/09</u>	
Name & Address: <u>OLIVER MARLENE</u> <u>3492 SUTTON PL</u> <u>BLOOMFIELD MI 48801</u>		\$ <u>120<sup>00</sup></u>	\$
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

480<sup>00</sup>

Grand Total of All Schedules 1A  
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line 3a of Summary  
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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 00136969-50  
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 <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? <input type="checkbox"/> YES	4. Date of Receipt <u>3/29/09</u>	
Name & Address: <u>KADTKE JEROME</u> <u>31294 KENWOOD</u> <u>MADISON Hgts 48071</u>		\$ <u>120<sup>00</sup></u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>Chrysler</u> Business Address <u>800 Chrysler Dr Auburn Hills</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/1/09</u>	
Name & Address: <u>SANARDELLI LORETTA</u> <u>422 PARKLAND CT</u> <u>ROCHESTER HILLS 48307</u>		\$ <u>120<sup>00</sup></u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>GM</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>3/31/09</u>	
Name & Address: <u>BAKORSKI JEFF</u> <u>3210 FARMDALE</u> <u>S.H. 48314</u>		\$ <u>120.<sup>00</sup></u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>O'REILLY</u> Business Address <u>12900 HALL RD S.H.</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/1/09</u>	
Name & Address: <u>O'LEAR PATRICK</u> <u>8104 NEW BRADFORD</u> <u>S.H. 48312</u>		\$ <u>120<sup>00</sup></u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>FIREFIGHTER</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

480<sup>00</sup>

Grand Total of All Schedules 1A  
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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 00136969-50  
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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 Name & Address: <u>SIMPSON CHRIS</u> <u>14436 ED SMITH</u> <u>SH 48312</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/6/09</u>	\$ <u>20.00</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: <u>STERLING Hts POLICE OFFICERS ASSOC</u> <u>PO BOX 546</u> <u>S.H.</u>	PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>4/4/09</u>	\$ <u>360.00</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>SHPOA - PAC</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3 Name & Address: <u>BROWN ROB</u> <u>14300 15 MILE</u> <u>S.H. 48312</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/27/09</u>	\$ <u>25.00</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4 Name & Address: <u>KLIK JOHN</u> <u>43173 FORTNER</u> <u>SH 48313</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/24/09</u>	\$ <u>50.00</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

455.00

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

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ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 00136969-50  
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 <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? <input type="checkbox"/> YES Name & Address: <u>CACATERRA MIKE</u> <u>36900 SCHENKEL</u> <u>SH 48312</u>		4. Date of Receipt <u>3/26/09</u>	\$ <u>60<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES Name & Address: <u>MANCINI EL</u> <u>6850 19 MILE</u> <u>SH 48314</u>		4. Date of Receipt <u>3/30/09</u>	\$ <u>120<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESSMAN</u> Employer <u>SELF</u> Business Address <u>6850 19 MILE</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES Name & Address: <u>MICHALICH MIKE</u> <u>3549 MANN RD</u> <u>CLARKSTON 48346</u>		4. Date of Receipt <u>4/6/09</u>	\$ <u>120<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESSMAN</u> Employer <u>SELF</u> Business Address <u>MJR THEATERS</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES Name & Address: <u>SCOTT LARRY</u> <u>12900 HALL RD</u> <u>SH</u>		4. Date of Receipt <u>3/30/09</u>	\$ <u>120<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>O'Reilly</u> Business Address <u>12900 HALL RD</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

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420<sup>00</sup>

Grand Total of All Schedules 1A  
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line 3a of Summary  
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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 00136969-50  
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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 Name & Address: <u>THOMAS DELORES</u> <u>MT CLEMENS</u>		\$ <u>60<sup>00</sup></u>	
PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/3/09</u>			
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: <u>KENDRO COLLEEN</u> <u>38759 COTTONWOOD</u> <u>SH 48310</u>		\$ <u>30<sup>00</sup></u>	
PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/31/09</u>			
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3 Name & Address: <u>STERLING HEIGHTS FIRE FIGHTERS UNION</u> <u>LOCAL 1557</u> <u>S.H. 48311</u>		\$ <u>240<sup>00</sup></u>	
PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>3/25/09</u>			
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>SHFFU - PAC</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4 Name & Address: <u>OLMEDA GERALDO</u> <u>23207 PLAYVIEW</u> <u>SCS MI 48082</u>		\$ <u>120<sup>00</sup></u>	
PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/7/09</u>			
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESSMAN</u> Employer <u>SELF</u> Business Address <u>SAME AS ABOVE</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

460<sup>00</sup>

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 00136969-50  
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 <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? <input type="checkbox"/> YES	4. Date of Receipt	
Name & Address: <u>LUCH SUE</u> <u>347 PINE RIDGE</u> <u>BLOOMFIELD HILLS MI 48304</u>		<u>4/7/09</u>	\$ <u>120<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation <u>DEVELOPER</u> Employer <u>SELF</u>			
Business Address <u>SAME AS ABOVE</u>			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	
Name & Address: <u>D'ANGELO JOE</u> <u>7659 AUBURN RD</u> <u>UTICA MI 48317</u>		<u>4/16/09</u>	\$ <u>200<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation <u>DEVELOPER</u> Employer <u>SELF</u>			
Business Address <u>SAME AS ABOVE</u>			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	
Name & Address: <u>BURNS BOB</u> <u>35740 GEORGETOWN</u> <u>SH 48312</u>		<u>4/16/09</u>	\$ <u>25<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	
Name & Address: <u>GIELEGHEM PAUL</u> <u>38134 SARNETTE</u> <u>CLINTON TWP</u>		<u>4/16/09</u>	\$ <u>50<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal

375<sup>00</sup>

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 00136969-50

2. Committee Name CTE BARBARA A ZIERO

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? <input type="checkbox"/> YES	4. Date of Receipt	<u>4/14/09</u>		
Name & Address: <u>KOLASINSKI RICHARD</u> <u>14795 PATTERSON</u> <u>SHECUB TWP 48315</u>				\$ <u>60<sup>00</sup></u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	<u>4/8/09</u>		
Name & Address: <u>YANDORA RICHARD</u> <u>2144 FORREST MEAD</u> <u>S.H. 48314</u>				\$ <u>60<sup>00</sup></u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	<u>4/12/09</u>		
Name & Address: <u>PARKER GEORGE</u> <u>13899 BROUGHAM</u> <u>S.H. 48312</u>				\$ <u>50<sup>00</sup></u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	<u>4/9/09</u>		
Name & Address: <u>LOMBARDO SAM</u> <u>4922 VISTA CT</u> <u>54 48310</u>				\$ <u>25<sup>00</sup></u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				Click Here for Memo Itemization	

Page Subtotal

195<sup>00</sup>

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

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line 3a of Summary  
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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 00136969-50  
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 <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? <input type="checkbox"/> YES	4. Date of Receipt <u>4/9/09</u>	
Name & Address: <u>RAGO STEVEN DDS</u> <u>7096 S CENTRAL PARK</u> <u>SHELBY</u>		\$ <u>60<sup>00</sup></u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/9/09</u>	
Name & Address: <u>BRICE TIM</u> <u>1201 TROWBRIDGE</u> <u>BLOOMFIELD HILLS MI.</u>		\$ <u>60<sup>00</sup></u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/7/09</u>	
Name & Address: <u>NOFAR ANTOINE</u> <u>68 CROSS CREEK</u> <u>ROCHESTER HILLS 48306</u>		\$ <u>120<sup>00</sup></u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESSMAN</u> Employer <u>SELF</u> Business Address <u>ANTONIO'S MEAT MKT</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>4/13/09</u>	
Name & Address: <u>STERLING Hts POLICE COMMAND OFFICERS</u> <u>PO BOX 625</u> <u>SH 48311</u>		\$ <u>120<sup>00</sup></u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>SHPCOA-PAC</u> Business Address <u>SAME AS ABOVE</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 360<sup>00</sup>  
Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

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line 3a of Summary  
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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 00136969-56  
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 <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? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>4/9/09</u>	
Name & Address: <u>WMI PAC OF MICH</u> <u>48797 ALPHA DR</u> <u>WIXOM MI 48393</u>		\$ <u>200<sup>00</sup></u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address <u>SAME AS ABOVE</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/10/09</u>	
Name & Address: <u>MARTIN VIC</u> <u>34911 VAN DYKE</u> <u>SH. 48312</u>		\$ <u>50<sup>00</sup></u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/18/09</u>	
Name & Address: <u>TURNBILL CHARLES</u> <u>12900. HALL RD</u> <u>SH 48313</u>		\$ <u>60<sup>00</sup></u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/7/09</u>	
Name & Address: <u>GUASTELLO THOMAS</u> <u>300 PARK ST</u> <u>BIRMINGHAM MI 48009</u>		\$ <u>120<sup>00</sup></u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>DEVELOPER</u> Employer <u>SELF</u> Business Address <u>SAME AS ABOVE</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

430<sup>00</sup>

Grand Total of All Schedules 1A  
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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 00136969-50  
2. Committee Name CTE BARBARA A ZIACKO

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 Name & Address: <u>KLICK JOHN</u> <u>43173 FORTNER</u> <u>S.H. 48313</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>8/29/09</u>	\$ <u>50.00</u> \$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: <u>MARIA SCHMIDT</u> <u>35755 WOODVILLE</u> <u>SH 48312</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>9/23/09</u>	\$ _____ \$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: <u>CHAW MICHAEL V PAC</u> <u>8000 E JEFFERSON</u> <u>DETROIT MI 48214</u>	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>9/21/09</u>	\$ <u>500.00</u> \$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address:	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	\$ _____ \$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

550.00

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

Enter this total on  
line 3a of Summary  
Page.



ITEMIZED OTHER RECEIPTS  
SCHEDULE 1A-1

CANDIDATE COMMITTEE

1. Committee I.D. Number 00136969-50

2. Committee Name CTE Barbara A. Ziarko

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: <b>Maria Schmidt</b> <b>35755 Woodvilla</b> <b>Sterling Heights, MI 48312</b>	Date of Receipt <u>09/23/09</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Other (Specify) <u>AD FOR JACS</u>	\$ <u>25.00</u>
Receipt #2 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #3 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #4 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #5 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #6 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #7 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____

Page Subtotal

25.00

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

Enter this total on  
line 4 of Summary  
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**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 00136969-50  
2. Committee Name CTE BARBARA A ZIARKO

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
<b>Expenditure #1</b> Name <u>S.H. FIREFIGHTERS</u> Address <u>PO Box 308</u> <u>STERLING HTS MI</u> <u>48311</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>BANNER--CHARITY</u> <u>EVENT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3/2/09</u> Date	<u>\$ 100.00</u> Click Here for Memo Itemization Type
<b>Expenditure #2</b> Name <u>TRIANGLE PRINTING</u> Address <u>30520 GRATIOT AVE</u> <u>ROSEVILLE MI</u> <u>48066</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING-INVITATIONS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3/12/09</u> Date	<u>\$ 240.62</u> Click Here for Memo Itemization Type
<b>Expenditure #3</b> Name <u>POSTMASTER</u> Address <u>STERLING HTS POST OFFICE</u> <u>METRO PARKWAY</u> <u>48311</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>POSTAGE-STAMPS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3/11/09</u> Date	<u>\$ 131.00</u> Click Here for Memo Itemization Type
<b>Expenditure #4</b> Name <u>FLOWER FACTORY</u> Address <u>45160 UTICA PARK BLVD</u> <u>UTICA, MI</u> <u>48315</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>CENTERPIECES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3/20/09</u> Date	<u>\$ 41.11</u> Click Here for Memo Itemization Type
<b>Expenditure #5</b> Name <u>MICKEY SWITALSKI</u> Address <u>31412 GAY DR</u> <u>ROSEVILLE MI</u> <u>48066</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FUND RAISER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3/21/09</u> Date	<u>\$ 50.00</u> Click Here for Memo Itemization Type

Subtotal this page

562.73

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 00136969-50

2. Committee Name CTE BARBARA A ZIARKO

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
<p>Expenditure #1</p> <p>Name <u>MEIJER</u></p> <p>Address <u>36600 VANDYKE</u> <u>STERLINS Hgts MI</u> <u>48312</u></p> <p><input checked="" type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>INGREDIENTS FOR</u> <u>PIEROGI</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>4/24/09</u> Date</p>	<p><u>\$ 103.54</u></p> <p>Click Here for Memo Itemization Type</p>
<p>Expenditure #2</p> <p>Name <u>GFS</u></p> <p>Address <u>2835 CONVENTION DR</u> <u>WARREN MI</u> <u>48092</u></p> <p><input checked="" type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>FOOD - FUNDRAISER</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>4/29/09</u> Date</p>	<p><u>\$ 30.59</u></p> <p>Click Here for Memo Itemization Type</p>
<p>Expenditure #3</p> <p>Name <u>FLOWER BARN</u></p> <p>Address <u>14860 HALL RD</u> <u>STERLINS Hgts MI</u> <u>48313</u></p> <p><input checked="" type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>FLOWERS FOR</u> <u>CENTERPIECES</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>5/3/09</u> Date</p>	<p><u>\$ 76.32</u></p> <p>Click Here for Memo Itemization Type</p>
<p>Expenditure #4</p> <p>Name <u>MARIA SCHMIDT</u></p> <p>Address <u>35755 WOOD VILLA</u> <u>STERLING Hgts MI</u> <u>48312</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>CANDY - PARADE</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>5/25/09</u> Date</p>	<p><u>\$ 47.00</u></p> <p>Click Here for Memo Itemization Type</p>
<p>Expenditure #5</p> <p>Name <u>APCC</u></p> <p>Address <u>33204 MAPLE LANE</u> <u>STERLING Hgts MI</u> <u>48312</u></p> <p><input checked="" type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>BANNER</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>6/24/09</u> Date</p>	<p><u>\$ 100.00</u></p> <p>Click Here for Memo Itemization Type</p>

Subtotal this page

357.45

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 00136969-50

2. Committee Name CTE BARBARA A ZIARKO

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
<b>Expenditure #1</b> Name <u>JENNIFER HASSE</u> Address <u>34886 MAPLEWOOD</u> <u>RICHMOND MI</u> <u>48062</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/29/09</u> Date	<u>\$ 50.00</u>
<b>Expenditure #2</b> Name <u>CTE BENJAMIN ANCONA</u> Address <u>12433 STARLITE CT</u> <u>SA. 48312</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/2/09</u> Date	<u>\$ 50.00</u>
<b>Expenditure #3</b> Name <u>ITALIAN AMERICAN CULTURAL CENTER</u> Address <u>43843 ROMEO PLANK</u> <u>48038</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>ITALIAN NEWSPAPER AD</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/15/09</u> Date	<u>\$ 75.00</u>
<b>Expenditure #4</b> Name <u>AMERICAN GRAPHICS</u> Address <u>34895 GROESBECK</u> <u>CLINTON TWP</u> <u>48035</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING-POSTCARDS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/24/09</u> Date	<u>\$ 148.40</u>
<b>Expenditure #5</b> Name <u>BARB ZIARKO</u> Address <u>13805 DEERWOOD CT</u> <u>48312</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>SOFTWARE FOR CAMPAIGN CN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/15/09</u> Date	<u>\$ 115.40</u>

Subtotal this page

438.80

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 00136969-50  
2. Committee Name CTE BARBARA A ZIARKO

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>AMERICAN GRAPHICS</u> Address <u>311895 GARDEN BECK</u> <u>CLINTON TWP</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING CAMPAIGN</u> <u>LIT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/28/09</u> Date	\$ <u>862.84</u>
Expenditure #2 Name <u>Q &amp; G NEWSPAPERS</u> Address <input type="checkbox"/> Fund Raiser	Purpose: <u>SOURCE NEWSPAPER</u> <u>AD</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/2/09</u> Date	\$ <u>414.00</u>
Expenditure #3 Name <u>MANHATTAN MAILERS</u> Address <u>51132 MILANO</u> <u>MARCOMB 48042</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LIT MAILING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/2/09</u> Date	\$ <u>795.14</u>
Expenditure #4 Name <u>POSTMASTER</u> Address <u>514 POST OFFICE</u> <u>METRO PARKWAY</u> <u>48311</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>STAMPS-POSTCARDS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/9/09</u> Date	\$ <u>112.00</u>
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page

2183.98

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

Enter this total  
on line 8a of  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 00136969-50  
2. Committee Name CTE BARBARA A ZIARKO

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? <input type="checkbox"/> Yes Owed to or by: <u>TOMMY ZIARKO</u> <u>13805 DEERWOOD CT</u> <u>S.H MI</u> <u>48312</u>	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>2/18/05</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1000.00</u>	\$ \$ \$ \$ \$	\$ <u>0</u>	\$ <u>1000.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <u>TOMMY ZIARKO</u> <u>13805 DEERWOOD CT</u> <u>S.H 48312</u>	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>7/1/01</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1100.00</u>	\$ \$ \$ \$ \$	\$ <u>0</u>	\$ <u>1100.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: <u>TOMMY ZIARKO</u> <u>13805 DEERWOOD CT</u> <u>S.H 48312</u>	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>4/2003</u> 6. <u>Original Amount of Debt:</u> <u>\$ 900.00</u>	\$ \$ \$ \$ \$	\$ <u>0</u>	\$ <u>900.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) 3000.00

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

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.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 00136969-50  
2. Committee Name CTE BARBARA A ZIARKO

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 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? <input type="checkbox"/> Yes Owed to or by: <u>BARBARA A ZIARKO</u> <u>13805 DEEPWOOD CT</u> <u>SH. 48312</u>	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>5/2005</u> 6. <u>Original Amount of Debt:</u> <u>\$ 600.00</u>	\$ \$ \$ \$ \$	\$ <u>0</u>	\$ <u>600.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

600<sup>00</sup>

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

3600<sup>00</sup>

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.