



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.

3. This Statement covers From: <u>1/1/11</u> to <u>10/23/11</u>	
1. Committee I.D. Number 00136969-50	4. Candidate Last Name Ziarko First Name Barbara M.I. A.
2. Committee Name CTE Barbara A. Ziarko	4a. Office Sought Including District # or Community Served (If applicable) Sterling Heights City Council
5. Committee's Mailing Address 13805 Deepwood Court Sterling Heights, MI 48312	4b. County of Residence Macomb
6. Treasurer's Name & Residential Address Tommy Ziarko 13805 Deepwood Court Sterling Heights, MI 48312	6. Treasurer's Name & Residential Address Tommy Ziarko 13805 Deepwood Court Sterling Heights, MI 48312
7. Treasurer's Business Address 13805 Deepwood Court Sterling Heights, MI 48312	8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) Tommy Ziarko
Area Code and Phone <u>(586) 939-0332</u>	Area Code & Phone <u>(586) 939-0332</u>
9. TYPE OF STATEMENT	
9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election	
Pre-Election or Post-Election Statement relates to:	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Convention <input type="checkbox"/> School	
<input type="checkbox"/> Special <input type="checkbox"/> Caucus	
Date of Election, Convention or Caucus <u>11/8/11</u>	
9c. <input type="checkbox"/> Annual Statement (_____ Coverage Year)	
9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)	
9e. <input type="checkbox"/> Dissolution of Candidate Committee	
Effective Date of Dissolution _____	
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.	
Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
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.	
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.	
Current Treasurer or Designated Record keeper Tommy Ziarko Type or Print Name	<i>Tommy Ziarko</i> Signature Date <u>10/25/11</u>
Candidate Barbara A. Ziarko Type or Print Name	<i>Barbara A. Ziarko</i> Signature Date <u>10/25/11</u>



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 00136969 50

2. Committee Name CTE BARBARA A ZARRO

**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>5520.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>5520.00</u>	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>0</u>	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>5520.00</u>	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>0</u>	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>0</u>	(22.) \$
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>6320.77</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>6320.77</u>	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
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.) \$
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>3600.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$		
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>2754.74</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>5520.00</u>	
	(15.) = \$	<u>8274.74</u>	
15. SUBTOTAL Add lines 13 and 14			
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>6320.77</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>1953.97</u>	



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 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 5/2/11

Name & Address:

BRICE TIM
1201 TROWBRIDGE
BLOOMFIELD HILLS MI

\$ 60⁰⁰ \$

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 5/4/11

Name & Address

CAVALIERE RAY
8932 TOURNAMENT
WASHINGTON MI
48094

\$ 60⁰⁰ \$

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 4/26/11

Name & Address:

SRODEK JOSEF
2773 NORWALK
HANTRAMICK MI 48212

\$ 60⁰⁰ \$

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 4/11/11

Name & Address

ANDREWS CLARK
53985 SUTHERLAND
SHELBY TWP 48316

\$ 60⁰⁰ \$

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Page Subtotal

240⁰⁰

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

Enter this total on
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 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 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

5/2/11

Name & Address:

OLEAR PAT
8104 NEW BRADFORD
S.H. 48312

\$ 100⁰⁰

5. If over \$100.00 cumulative, please provide:

Occupation

Employer

Click Here for Memo Itemization

Business Address

Type of Contribution:

☐ Direct

☐ Loan from a person

☒ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt

5/2/11

Name & Address

MINALICK MICHAEL
35249 MANK
CLARKSTON MI 48346

\$ 100⁰⁰

5. If over \$100.00 cumulative, please provide:

Occupation

Employer

Click Here for Memo Itemization

Business Address

Type of Contribution:

☐ Direct

☐ Loan from a person

☒ Fund Raiser

3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt

5/2/11

Name & Address:

WARNOCK HARRY
155 SARGENT DR
ROCHESTER HILLS 48309

\$ 100⁰⁰

5. If over \$100.00 cumulative, please provide:

Occupation

Employer

Click Here for Memo Itemization

Business Address

Type of Contribution:

☐ Direct

☐ Loan from a person

☒ Fund Raiser

3. Contribution #4 PAC Receipt? ☐ YES

4. Date of Receipt

5/3/11

Name & Address

RUGGERA PAUL
55764 ST REGIS
SHELBY TWP 48315

\$ 120⁰⁰

5. If over \$100.00 cumulative, please provide:

Occupation

Employer

Click Here for Memo Itemization

Business Address

Type of Contribution:

☐ Direct

☐ Loan from a person

☒ Fund Raiser

Page Subtotal

420⁰⁰

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

Enter this total on
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 BACCHIA 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? ☐ YES

4. Date of Receipt 4/26/11

Name & Address:

DYORICH JE
13935 BROUGHAM
SA 48312

\$ 20.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 4/16/2011

Name & Address:

BURNS ROBERT
35740 GEORGETOWN
SA 48312

\$ 25.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt 4/18/11

Name & Address:

IMPELLIZZERI JOE
21580 WAVERLY DR
MACOMB 48044

\$ 25.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #4 PAC Receipt? ☐ YES

4. Date of Receipt 4/8/11

Name & Address:

PITRONE JOHN
2828 BURNINGBUSH
SA 48314

\$ 25.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization](#)

Page Subtotal

95.00

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



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

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

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>PARKER GEORGE</u> <u>13899 BROUGHAM</u> <u>SH 48312</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/13/11</u>	\$ <u>5000</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>NAUMOVSKY STEVE</u> <u>8777 18 MILE RD</u> <u>SH 48312</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/12/11</u>	\$ <u>6000</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>OEHMKE WAYNE</u> <u>17610 21 MILE RD</u> <u>MACOMB 48044</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/20/11</u>	\$ <u>6000</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>DEHAULT DON</u> <u>15731 MARCIE</u> <u>FRASER 48026</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/12/11</u>	\$ <u>6000</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

23000

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

Enter this total on
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 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 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 4/18/11
Name & Address:

COOK CHERYL
8573 GARDEN BUNKER
S.H. 48313

\$ 60.00 \$

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 4/14/11
Name & Address:

KASZUBSKI MARC
14848 WEST POINT
SH. 48313

\$ 60.00 \$

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 4/15/11
Name & Address:

NITZ JOHN
57477 WILLOW
WASHINGTON MI 48094

\$ 60.00 \$

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 4/20/11
Name & Address:

SCHOENHEIDER CRAIG
27655 OLD COLONY
FARMINGTON HILLS 48334

\$ 60.00 \$

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization](#)

Page Subtotal

240.00

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

00136969-50

2. Committee Name

CTE BACCARA A FIARRO

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

4/26/11

Name & Address:

MARTIN VIC
34911 VANDYKE
48312

\$ 60⁰⁰

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt

4/12/11

Name & Address

MANCINI ED
6850 NINETEEN MILE
SH. 48314

\$ 60⁰⁰

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt

4/20/11

Name & Address:

MARROCCO ANTHONY
PO Box 665
MT CLEMENS 48046

\$ 60⁰⁰

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #4 PAC Receipt? ☐ YES

4. Date of Receipt

4/18/11

Name & Address

TURNBULL CHARLES
12900 HAWK RD
SH. 48313

\$ 60⁰⁰

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization](#)

Page Subtotal

240⁰⁰

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

Enter this total on
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 FIACKO

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

4/12/11

Name & Address:

CALCATERA LARRY
36900 SCHONHEER
S.H. 48312

\$ 100⁰⁰

\$

5. If over \$100.00 cumulative, please provide:

Occupation

Employer

Click Here for Memo Itemization

Business Address

Type of Contribution:

☐ Direct

☐ Loan from a person

☒ Fund Raiser

3. Contribution #2

PAC Receipt? ☐ YES

4. Date of Receipt

4/18/11

Name & Address

SCOTT LARRY
12900 HALL RD
S.H. 48312

\$ 120⁰⁰

\$

5. If over \$100.00 cumulative, please provide:

Occupation

ATTORNEY

Employer

SELF

Click Here for Memo Itemization

Business Address

SAME

Type of Contribution:

☐ Direct

☐ Loan from a person

☒ Fund Raiser

3. Contribution #3

PAC Receipt? ☐ YES

4. Date of Receipt

4/14/11

Name & Address:

MAREK NANCY
13842 BATHGATE
S.H. 48312

\$ 120⁰⁰

\$

5. If over \$100.00 cumulative, please provide:

Occupation

TEACHER

Employer

ROYAL OAK SCHOOLS

Click Here for Memo Itemization

Business Address

ROYAL OAK

Type of Contribution:

☐ Direct

☐ Loan from a person

☒ Fund Raiser

3. Contribution #4

PAC Receipt? ☐ YES

4. Date of Receipt

4/14/11

Name & Address

BOLOGNA JOHN
19135 SAXON
BEVERLY HILLS 48225

\$ 120⁰⁰

\$

5. If over \$100.00 cumulative, please provide:

Occupation

DM PROPERTIES

Employer

SELF

Click Here for Memo Itemization

Business Address

SAME

Type of Contribution:

☐ Direct

☐ Loan from a person

☒ Fund Raiser

Page Subtotal

460⁰⁰

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

Enter this total on
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)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/19/11</u> Name & Address: <u>KOLASINSKI RICHARD</u> <u>14795 PATTERSON</u> <u>SHELBY 48315</u>		\$ <u>120⁰⁰</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>4/19/11</u> Name & Address: <u>BARORSKI JEFF</u> <u>3210 FARMDALE</u> <u>SH. 48314</u>		\$ <u>120⁰⁰</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ORBITAL RANCLLO</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	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/20/11</u> Name & Address: <u>ALIX CINDY</u> <u>3233 N ELDER</u> <u>W. BLOOMFIELD 48324</u>		\$ <u>120⁰⁰</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>HOMEMAKER</u> Employer _____ Business Address <u>SAME</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>5/2/11</u> Name & Address: <u>SH POLICE COA</u> <u>PO BOX 625</u> <u>SH 48311</u>		\$ <u>120⁰⁰</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>SHP COA - PAC</u> Business Address <u>SAME</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

480⁰⁰

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 BACCHIA A ZIARKO

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.		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>4/28/11</u>	
Name & Address: <u>YANDORA RICHARD</u> <u>2144 FOREST MEAD</u> <u>S.H. 48314</u>		\$ <u>120⁰⁰</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____		Click Here for Memo Itemization	
Business Address _____			
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 <u>4/27/11</u>	
Name & Address: <u>RADTKE JEROME</u> <u>31294 KENNEDY</u> <u>MADISON Hts 48071</u>		\$ <u>120⁰⁰</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>CHRYSLER</u>		Click Here for Memo Itemization	
Business Address <u>AUBURN HILLS</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 checked="" type="checkbox"/> YES	4. Date of Receipt <u>4/20/11</u>	
Name & Address: <u>STERLING Hts POA</u> <u>PO BOX 546</u> <u>S.H. 48312</u>		\$ <u>240⁰⁰</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>SH POA - PAC</u>		Click Here for Memo Itemization	
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 <u>4/28/11</u>	
Name & Address: <u>GUSTELLA THOMAS</u> <u>300 PARK ST</u> <u>BIRMINGHAM Mt 48009</u>		\$ <u>120⁰⁰</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>DEVELOPER</u> Employer <u>SELF</u>		Click Here for Memo Itemization	
Business Address <u>SAME</u>			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal

600⁰⁰

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 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

4/21/11

Name & Address:

JABORO NAGY
3957 METRO PKWY
SH. 48310

250.00
\$ 250.00

5. If over \$100.00 cumulative, please provide:

Occupation BUSINESS OWNER Employer SELF

Business Address SAME

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt? ☒ YES

4. Date of Receipt

4/20/11

Name & Address

S.H. FIREFIGHTERS
LOCAL 1557
38911 VAN DYKE 48312

\$ 240.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer SHFFU-PAC

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt

4/18/11

Name & Address:

NAJJAR NICK
4482 15 MILE
SH 48310

\$ 60.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #4 PAC Receipt? ☐ YES

4. Date of Receipt

5/12/11

Name & Address

GUBIK CHRIS
13817 DEERWOOD CT
SH 48312

\$ 100.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization](#)

Page Subtotal

650.00

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 BACCHER A ZIARKO

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES

4. Date of Receipt

4/21/11

Name & Address:

LEPINE JOAN
14732 HOWELL
SH 48312

\$ 100⁰⁰

\$

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt

5/2/11

Name & Address

ALLISON VALIENTA
102 TELFORD
TROY MI 48098

\$ 100⁰⁰

\$

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt

5/24/11

Name & Address:

BROWN MARTIN
14300 15 MILE
SH 48312

\$ 25⁰⁰

\$

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #4 PAC Receipt? ☐ YES

4. Date of Receipt

5/23/11

Name & Address

WEINZIERL JERRY
11573 ARDEN
WARREN MI 48093

\$ 60⁰⁰

\$

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization](#)

Page Subtotal

285⁰⁰

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



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 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

5/12/11

Name & Address:

MCGRATH GREG

11136 LORMAN

SH 48312

\$ 60⁰⁰

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt

6/10/11

Name & Address

PERAYEFF FRED

4925 PICKFORD

Troy 48085

\$ 100⁰⁰

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt

5/10/11

Name & Address:

CASIMERE ALAN

28836 PANAMA

WARDEN 48092

\$ 120⁰⁰

5. If over \$100.00 cumulative, please provide:

Occupation DEVELOPER Employer SELF

Business Address SAME

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #4 PAC Receipt? ☐ YES

4. Date of Receipt

5/20/11

Name & Address

MCKENNA PAUL

235 E MAIN ST

NORTHVILLE MI 48167

\$ 50⁰⁰

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization](#)

Page Subtotal

330⁰⁰

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 ZIARLO

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>5/3/11</u>	
Name & Address: <u>COLAROSI ANTHONY</u> <u>11663 HIDDEN SPRING</u> <u>DEWITTE 48820</u>		\$ <u>60.00</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 #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5/2/11</u>	
Name & Address: <u>BOTEREN BRUUD ARELD</u> <u>104 WILLIAMS ST</u> <u>GRAND HAVEN 49417</u>		\$ <u>60.00</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 # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5/12/11</u>	
Name & Address: <u>MACONE TIM</u> <u>14708 CARMEL</u> <u>SH 48312</u>		\$ <u>60.00</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 checked="" type="checkbox"/> YES	4. Date of Receipt <u>5/13/11</u>	
Name & Address: <u>WMI PAC OF MICHIGAN</u> <u>48797 ALPHA DR</u> <u>WIXOM MI 48393</u>		\$ <u>250.00</u>	
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
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			

Page Subtotal

430.00

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 FIARKO

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

4/11/11

Name & Address:

WIKIC BARBARA
38346 PHYLLIS
SH 48312

\$ 150⁰⁰

\$

5. If over \$100.00 cumulative, please provide:

Occupation BUSINESS OWNER Employer SELF

Click Here for Memo Itemization

Business Address 35252 DODGE PK.

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #2
Name & Address

PAC Receipt? ☐ YES

4. Date of Receipt

4/29/11

KLIK JOHN
43173 FORTHER
SH 48313

\$ 150⁰⁰

\$

5. If over \$100.00 cumulative, please provide:

Occupation SHAP Employer CARYSE

Click Here for Memo Itemization

Business Address SHAP

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 3
Name & Address:

PAC Receipt? ☐ YES

4. Date of Receipt

4/25/11

KALAYDJIAN ARMENAG
845 ORCHARD RIDGE
BLOOMFIELD 48306

\$ 200⁰⁰

\$

5. If over \$100.00 cumulative, please provide:

Occupation BUSINESSMAN Employer SELF

Click Here for Memo Itemization

Business Address 33600 MOUND

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 4
Name & Address

PAC Receipt? ☐ YES

4. Date of Receipt

5/12/11

JUNCEVIC DINO
52756 BLUE RIDGE
SHELBY 48316

\$ 200⁰⁰

\$

5. If over \$100.00 cumulative, please provide:

Occupation BUSINESSMAN Employer SELF

Click Here for Memo Itemization

Business Address 43500 UTICA RD

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Page Subtotal

700⁰⁰

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 FIANKO

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

9/28/11

Name & Address:

ORAM JOANN
4585 ARLINE DR.
WEST BLOOMFIELD 48323

\$ 10000

\$

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution:

☐ Direct

☐ Loan from a person

☒ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt

9/26/11

Name & Address:

SIMPSON ROBERT
14436 EDSHIRE
S.H. 48312

\$ 20.00

\$

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution:

☐ Direct

☐ Loan from a person

☒ Fund Raiser

3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt

Name & Address:

\$

\$

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution:

☐ Direct

☐ Loan from a person

☐ Fund Raiser

3. Contribution #4 PAC Receipt? ☐ YES

4. Date of Receipt

Name & Address:

\$

\$

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution:

☐ Direct

☐ Loan from a person

☐ Fund Raiser

Page Subtotal

120.00

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

5520.00

Enter this total on
line 3a 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>TRIANGLE PRINTING</u> Address <u>30520 GRATIOT</u> <u>ROSEVILLE MI</u> <u>48066</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>INVITATION PRINTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/5/11</u> Date	<u>\$ 240.62</u> Click Here for Memo Itemization Type
Expenditure #2 Name <u>US POST OFFICE</u> Address <u>30568 GRATIOT</u> <u>ROSEVILLE</u> <u>48066</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>POSTAGE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/5/11</u> Date	<u>\$ 176.00</u> Click Here for Memo Itemization Type
Expenditure #3 Name <u>OFFICE MAX</u> Address <u>37600 VAN DYKE</u> <u>54 MI</u> <u>48312</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LABELS</u> <u>ENVELOPES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/7/11</u> Date	<u>\$ 52.33</u> Click Here for Memo Itemization Type
Expenditure #4 Name <u>MEIJER</u> <u>34835</u> Address <u>LITICA RD</u> <u>FRASER 48026</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>INGREDIENTS FOR</u> <u>SWEETS, PIEROGI</u> <u>FORKS TABLE</u> <u>DECORATIONS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/9/11</u> Date	<u>\$ 175.75</u> Click Here for Memo Itemization Type
Expenditure #5 Name <u>GFS</u> Address <u>7835 CONVENTION BLVD</u> <u>WARREN MI 48092</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>ING. FOR</u> <u>PIEROGI, DISHES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/6/11</u> Date	<u>\$ 88.79</u> Click Here for Memo Itemization Type

Subtotal this page

733.49

Grand Total of all Schedules 1B
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Enter this total
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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
Expenditure #1 Name <u>TOMMY ZIARKO</u> Address <u>13805 DEERWOOD CT</u> <u>STERLING Hgts</u> <u>48312</u> <input type="checkbox"/> Fund Raiser	MISC EXPENSES Purpose: <u>GIFT CARDS, ING FUND</u> <u>TIPS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/5/11</u> Date	\$ <u>135.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name <u>APCC</u> Address <u>33204 MAPLE LN</u> <u>SH 48312</u> <input type="checkbox"/> Fund Raiser	BANNER POLISH FEST Purpose: <u>BANNER POLISH FEST</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/27/11</u> Date	\$ <u>100.00</u> Click Here for Memo Itemization Type
Expenditure #3 Name <u>ACS-APCC</u> Address <u>33204 MAPLE LN</u> <u>SH 48312</u> <input type="checkbox"/> Fund Raiser	APCC Purpose: <u>PRAY FOR LIFE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>1/3/11</u> Date	\$ <u>25.00</u> Click Here for Memo Itemization Type
Expenditure #4 Name <u>APCC</u> Address <u>33204 MAPLE LN</u> <u>S.H 48312</u> <input type="checkbox"/> Fund Raiser	AD IN 50TH ANN BOOK Purpose: <u>AD IN 50TH ANN BOOK</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/7/11</u> Date	\$ <u>140.00</u> Click Here for Memo Itemization Type
Expenditure #5 Name <u>AMERICAN GRAPHICS</u> Address <u>34895 GROESBECK</u> <u>CLINTON TWP 48035</u> <input type="checkbox"/> Fund Raiser	PAST CARD PRINTING Purpose: <u>PAST CARD PRINTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/21/11</u> Date	\$ <u>198.22</u> Click Here for Memo Itemization Type

Subtotal this page

598.22

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

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 00136969-50

2. Committee Name CTE BACCARA A ZIARRO

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>POSTMASTER</u> Address <u>16 MILE</u> <u>SH</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>POSTCARD MAILING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/26/11</u> Date	\$ <u>124.00</u>
Expenditure #2 Name <u>AMERICAN GRAPHICS</u> Address <u>34895 GROESBECK</u> <u>CLINTON TWP</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LITERATURE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/5/11</u> Date	\$ <u>1432.68</u>
Expenditure #3 Name <u>MANHATTAN MAILERS</u> Address <u>51132 MILANO</u> <u>MACOMB 48042</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>MAILINGS AV</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/6/11</u> Date	\$ <u>1034.26</u>
Expenditure #4 Name <u>POSTMASTER</u> Address <u>16 MILE</u> <u>SH</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>STAMPS -</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/6/11</u> Date	\$ <u>29.00</u>
Expenditure #5 Name <u>MANHATTAN MAILERS</u> Address <u>51132 MILANO</u> <u>MACOMB 48042</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>MAILINGS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/19/11</u> Date	\$ <u>1261.77</u>

Subtotal this page

3881.71

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

Enter this total
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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>ITALIAN TRIBUNE</u> Address <u>32 MILE RD</u> <u>MACOMB</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>AD</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/18/11</u> Date	\$ <u>50.00</u>
Expenditure #2 Name <u>AMERICAN GRAPHICS</u> Address <u>34895 GROESBECK</u> <u>CLINTON TWP</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/19/11</u> Date	\$ <u>241.15</u>
Expenditure #3 Name <u>PENNAS OF STERLING</u> Address <u>34800 VAN DYKE</u> <input 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>5/15/11</u> Date	\$ <u>816.26</u>
Expenditure #4 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	\$ _____
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

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

1107.35
6320.77

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>SH MI</u> <u>48312</u>	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>2/18/05</u> 6. Original Amount of Debt: <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>SH MI</u> <u>48312</u>	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>7/01/01</u> 6. Original Amount of Debt: <u>\$ 1100.00</u>	\$ \$ \$ \$ \$	\$ <u>0</u>	\$ <u>1100.00</u> <input type="checkbox"/> FORGIVEN
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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. MI</u> <u>48312</u>	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>4/2003</u> 6. Original Amount of Debt: <u>\$ 900.00</u>	\$ \$ \$ \$ \$	\$ <u>0</u>	\$ <u>900.00</u> <input type="checkbox"/> FORGIVEN
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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.
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3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>BARBARA A ZIARKO</u> <u>13805 DEEPWOOD CT</u> <u>SK. MI</u> <u>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)

600.00

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

3600.00

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

**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 00136969-50

2. Committee Name CTE BARBARA A ZACKO

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>5/12/2011</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>55</u>	5. Type of Fund Raising Activity <u>DINNER</u>	6. Address and Name (If any) of the place where the activity was held. <u>PENNAS OF STERLING</u> <u>38400 VAN DYKE</u> <u>48312</u> <input type="checkbox"/> Private Residence
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7. Total Contributions

5520.00

8. Other Receipts

0

9. Gross Receipts (Add lines 7 and 8)

5520.00

10. Total Cost of Event

816.20

(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)

Contribution Split
(%)

Expenditure Split
(%)

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-1K), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.