



**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 <b>00136969-50</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>
2. Committee Name <b>CTE Barbara A. Ziarko</b>	6. Treasurer's Name & Residential Address <b>Tommy Ziarko</b> <b>13805 Deepwood Court</b> <b>Sterling Heights, MI 48312</b> Area Code & Phone <b>(586) 939-0332</b>
5. Committee's Mailing Address <b>13805 Deepwood Court</b> <b>Sterling Heights, MI 48312</b> Area Code and Phone <b>(586) 939-0332</b> 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.	8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) <b>Tommy Ziarko</b> Area Code and Phone <b>(586) 939-0332</b>
7. Treasurer's Business Address <b>13805 Deepwood Court</b> <b>Sterling Heights, MI 48312</b> Area Code and Phone <b>(586) 939-0332</b>	

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 11 OCT 2011 AM 9:59  
 CLERK  
 SABAUGH  
 COUNTY CLERK  
 MACOMB COUNTY  
 MI. CLERK OF COURTS  
 SABAUGH

**9. TYPE OF STATEMENT**

9a.  Pre-Election **OR** 9b.  Post-Election

Pre-Election or Post-Election Statement relates to:

Primary  General  
 Convention  School  
 Special  Caucus

Date of Election, Convention or Caucus  
11/8/11

9c.  Annual Statement ( \_\_\_\_\_ Coverage Year)  
 9d.  Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)  
 9e.  Dissolution of Candidate Committee

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

*Tommy Ziarko* Signature Date 10/25/11

Candidate **Barbara A. Ziarko**  
Type or Print Name

*Barbara Ziarko* Signature Date 10/25/11



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.) \$ _____
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>5520.00</u>	(20.) \$ _____
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
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.) \$ _____
<b>EXPENDITURES</b>		
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>	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>6320.77</u>	(23.) \$ _____
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (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>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ <u>0</u>	(24.) \$ _____
<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.) \$ _____	
<b>BALANCE STATEMENT</b>		
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. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>8274.74</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>6320.77</u>	
<b>17. ENDING BALANCE</b> (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 <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>BRICE TIM</u> <u>1201 TROWBRIDGE</u> <u>BLOOMFIELD HILLS MI</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/2/11</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		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2 Name & Address: <u>CAVALIERE RAY</u> <u>8932 TOURNAMENT</u> <u>WASHINGTON MI</u> <u>48094</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/4/11</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		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 3 Name & Address: <u>SRODEK JOZEF</u> <u>2773 NORWALK</u> <u>HANTON TWP MI 48212</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/26/11</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		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 4 Name & Address: <u>ANDREWS CLARK</u> <u>53985 SUTHERLAND</u> <u>SHELBY TWP 48316</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/11/11</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		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal 240<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 BACSAK 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>OLEAR PAT</u> <u>8104 NEW BRADFORD</u> <u>S.H. 48312</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5/2/11</u>	\$ <u>100<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2 Name & Address: <u>MINALICK MICHAEL</u> <u>35249 MANK</u> <u>CLARKSTON MI 48346</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5/2/11</u>	\$ <u>100<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3 Name & Address: <u>WARNOCK HARRY</u> <u>155 SARGBARK DR</u> <u>ROCHESTER HILLS 48309</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5/2/11</u>	\$ <u>100<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4 Name & Address: <u>RUGGERA PAUL</u> <u>55764 ST REGIS</u> <u>SHELBY TWP 48315</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5/3/11</u>	\$ <u>120<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>44250 SCANDEN RD S.H.</u>		Click Here for Memo Itemization	
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 420<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 BACCAR 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>DYORICH JIE</u> <u>13935 BROUGHAM</u> <u>SA 48312</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/26/11</u>	\$ <u>20<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		<a href="#">Click Here for Memo Itemization</a>	
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2 Name & Address: <u>BURNS ROBERT</u> <u>35740 GEORGETOWN</u> <u>SA 48312</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/16/2011</u>	\$ <u>25<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		<a href="#">Click Here for Memo Itemization</a>	
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3 Name & Address: <u>FUPELLIZZERI JOE</u> <u>21580 WAVERLY DR</u> <u>MACOMB 48044</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/18/11</u>	\$ <u>25<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		<a href="#">Click Here for Memo Itemization</a>	
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4 Name & Address: <u>PITRONE JOHN</u> <u>2828 BURNINGBUSH</u> <u>SA 48314</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/8/11</u>	\$ <u>25<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		<a href="#">Click Here for Memo Itemization</a>	
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 95<sup>00</sup>  
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 _____		<a href="#">Click Here for Memo Itemization</a>	
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
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 _____		<a href="#">Click Here for Memo Itemization</a>	
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
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 _____		<a href="#">Click Here for Memo Itemization</a>	
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
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 _____		<a href="#">Click Here for Memo Itemization</a>	
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 230<sup>00</sup>  
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line 3a of Summary  
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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 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>COOK CHERYL</u> <u>8573 GOO BUNKER</u> <u>S.H. 48313</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/18/11</u>	\$ <u>600</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		<a href="#">Click Here for Memo Itemization</a>	
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 Name & Address: <u>KASZUBSKI MARC</u> <u>14848 WEST POINT</u> <u>SH. 48313</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/14/11</u>	\$ <u>600</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		<a href="#">Click Here for Memo Itemization</a>	
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 Name & Address: <u>NITZ JOHN</u> <u>57477 WILLOW</u> <u>WASHINGTON MI 48094</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/15/11</u>	\$ <u>600</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		<a href="#">Click Here for Memo Itemization</a>	
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 Name & Address: <u>SCHWENHER GRAIG</u> <u>27655 OLD COLONY</u> <u>FARMINGTON HILLS 48334</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/20/11</u>	\$ <u>600</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		<a href="#">Click Here for Memo Itemization</a>	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal

2400

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 BACCARA 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 <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>MARTIN VIC</u> <u>34911 VANDYKE</u> <u>48312</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/26/11</u>	\$ <u>60<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2 Name & Address: <u>MANCINI ED</u> <u>6850 NINETEEN MILE</u> <u>SH. 48314</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/12/11</u>	\$ <u>60<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3 Name & Address: <u>MARROCCO ANTHONY</u> <u>PO Box 665</u> <u>MT CLEMENS 48046</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/20/11</u>	\$ <u>60<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4 Name & Address: <u>TURNBULL CHARLES</u> <u>12900 HAWK RD</u> <u>SH. 48313</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/18/11</u>	\$ <u>60<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 240<sup>00</sup>  
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 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.

3. Contribution # 1      PAC Receipt?  YES      4. Date of Receipt 4/12/11

Name & Address:  
CALLATERA LARRY  
36900 SCHONHEER  
SH 48312

6. Amount \$ 100<sup>00</sup>      7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ \_\_\_\_\_

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 4/18/11

Name & Address:  
SCOTT LARRY  
12900 HALL RD  
S.H 48312

6. Amount \$ 120<sup>00</sup>      7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide:  
Occupation ATTORNEY      Employer SELF

Business Address SAME

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 4/14/11

Name & Address:  
MAREK NANCI  
13842 BATHGATE  
S.H 48312

6. Amount \$ 120<sup>00</sup>      7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide:  
Occupation TEACHER      Employer ROYAL OAK SCHOOLS

Business Address ROYAL OAK

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 4/14/11

Name & Address:  
BOLOGNA JOHN  
19135 SAXON  
BEVERLY HILLS 48225

6. Amount \$ 120<sup>00</sup>      7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide:  
Occupation OHM PROPERTIES      Employer SELF

Business Address SAME

Type of Contribution:  Direct       Loan from a person       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 ZIARKE

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>KOLASINSKI RICHARD</u> <u>14795 PATTERSON</u> <u>SHELBY 48315</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/19/11</u>	\$ <u>120<sup>00</sup></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 Name & Address: <u>BARORSKI JEFF</u> <u>3210 FARMDALE</u> <u>SH. 48314</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/19/11</u>	\$ <u>120<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ORBITAL RANCILLO</u>		Click Here for Memo Itemization	
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			
3. Contribution # 3 Name & Address: <u>ALIX CINDY</u> <u>3233 N ELDER</u> <u>W. BLOOMFIELD 48324</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/20/11</u>	\$ <u>120<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOMEMAKER</u> Employer _____		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			
3. Contribution # 4 Name & Address: <u>SH POLICE COA</u> <u>PO BOX 625</u> <u>SH 48311</u>	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>5/2/11</u>	\$ <u>120<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>SHP COA - PAC</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 480<sup>00</sup>  
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 BACCARA 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>YANDORA RICHARD</u> <u>2144 FOREST MEAD</u> <u>S.H. 48314</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/28/11</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	
3. Contribution #2 Name & Address: <u>RADTKE JEROME</u> <u>31294 KENNEDY</u> <u>MADISON Hts 48071</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/27/11</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>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 # 3 Name & Address: <u>STERLING Hts POA</u> <u>PO BOX 546</u> <u>SH 48312</u>	PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>4/20/11</u>	\$ <u>240<sup>00</sup></u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>SH POA - 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>GUSTELA THOMAS</u> <u>300 PARK ST</u> <u>BIRMINGHAM Mt 48009</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/28/11</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</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 600<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 Name & Address: <u>JABORO NAGY</u> <u>3957 METRO PKWY</u> <u>SH. 48310</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/21/11</u>	6. Amount \$ <u>250.00</u> \$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>SELF</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	
3. Contribution #2 Name & Address: <u>S.H. FIREFIGHTERS</u> <u>LOCAL 1557</u> <u>38911 VAN DYKE 48312</u>	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>4/20/11</u>	6. Amount \$ <u>240.00</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 # 3 Name & Address: <u>NAVJAR NICK</u> <u>4482 15 MILE</u> <u>SH 48310</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/18/11</u>	6. Amount \$ <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 Name & Address: <u>GUBIK CHRIS</u> <u>13817 DEERWOOD CT</u> <u>SH 48312</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5/12/11</u>	6. Amount \$ <u>100.00</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

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 <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>LEPINE JOAN</u> <u>14732 HOWELL</u> <u>SH 48312</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/21/11</u>	6. Amount <u>\$ 100<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2 Name & Address: <u>ALLISON VALIENTA</u> <u>102 TELFORD</u> <u>TROY MI 48098</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5/2/11</u>	6. Amount <u>\$ 100<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #3 Name & Address: <u>BROWN MARTIN</u> <u>14300 15 MILE</u> <u>SH 48312</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5/24/11</u>	6. Amount <u>\$ 25<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #4 Name & Address: <u>WEINZIERL JERRY</u> <u>11573 ARDEN</u> <u>WARREN MI 48093</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5/23/11</u>	6. Amount <u>\$ 60<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 285<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 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 Name & Address: <u>MCGAATH GREG</u> <u>11136 LORMAN</u> <u>SH 48312</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5/12/11</u>	\$ <u>60<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2 Name & Address: <u>PERAYEFF FRED</u> <u>4925 PICKFORD</u> <u>TROY 48085</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>6/10/11</u>	\$ <u>100<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3 Name & Address: <u>CASMERE ALAN</u> <u>28836 PANAMA</u> <u>WARDEN 48092</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5/10/11</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</u>		Click Here for Memo Itemization	
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4 Name & Address: <u>MCKENNA PAUL</u> <u>235 E MAIN ST</u> <u>NORTHVILLE MI 48167</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5/20/11</u>	\$ <u>50<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 330<sup>00</sup>  
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 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 <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>COLAROSSO ANTHONY</u> <u>11663 HIDDEN SPRING</u> <u>DEWITTE 48820</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5/3/11</u>	\$ <u>60<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation _____ 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 Name & Address: <u>BOTEREN BRUOD ARELD</u> <u>104 WILLIAMS ST</u> <u>GRAND HAVEN 49417</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5/2/11</u>	\$ <u>60<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation _____ 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 # 3 Name & Address: <u>MACONE TIM</u> <u>14708 CARMEL</u> <u>SH 48312</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5/12/11</u>	\$ <u>60<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation _____ 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 # 4 Name & Address: <u>WMI PAC OF MICHIGAN</u> <u>48797 ALPHA DR</u> <u>WIXOM MI 48393</u>	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>5/13/11</u>	\$ <u>250<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
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<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 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>WIKIC PASARO</u> <u>38346 Phyllis</u> <u>SH 48312</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/11/11</u>	\$ <u>100<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>SELF</u> Business Address <u>35252 DODGE PK.</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>KLIK JOHN</u> <u>43173 FORTHER</u> <u>SH 48313</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/29/11</u>	\$ <u>150<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>CARY SEER</u> Business Address <u>SHAP</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>KALAYDJIAN ARMENAG</u> <u>845 ORCHARD RIDGE</u> <u>BLOOMFIELD 48304</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/25/11</u>	\$ <u>200<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESSMAN</u> Employer <u>SELF</u> Business Address <u>33600 MOUND</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>JUNCEVIC DINO</u> <u>52756 BLUE RIDGE</u> <u>SHELBY 48316</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5/12/11</u>	\$ <u>200<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESSMAN</u> Employer <u>SELF</u> Business Address <u>43500 UTICA 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	

Page Subtotal 700<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 Name & Address: <u>ORAM JOANN</u> <u>4585 ARLINE DR.</u> <u>WEST BLOOMFIELD 48323</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>9/28/11</u>	\$ <u>10000</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2 Name & Address: <u>SIMPSON ROBERT</u> <u>14436 EDSHIRE</u> <u>S. H 48312</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>9/26/11</u>	\$ <u>20<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3 Name & Address:	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
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 _____		Click Here for Memo Itemization	
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal

120<sup>00</sup>

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

5520<sup>00</sup>

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 ZIARLO

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 ROSEVILLE MI 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>4/15/11</u> Date	<u>\$ 240.62</u> Click Here for Memo Itemization Type
Expenditure #2 Name <u>US POST OFFICE</u> Address <u>30568 GRATIOT ROSEVILLE 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>4/15/11</u> Date	<u>\$ 176.00</u> Click Here for Memo Itemization Type
Expenditure #3 Name <u>OFFICE MAX</u> Address <u>37600 VAN DYKE 54 MI 48312</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LABELS 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> Address <u>34835 LITICA RD FRASER 48026</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>INGREDIENTS FOR SWEETS, PIEROGI FORKS TABLE 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 WARREN MI 48092</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>ING. FOR 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  
(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 ZIARNO

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>TOMMY ZIARNO</u> Address <u>13805 DEERWOOD CT</u> <u>STERLING Hgts</u> <u>48312</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>MISC EXPENSES</u> <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>
Expenditure #2 Name <u>APCC</u> Address <u>33204 MAPLE LN</u> <u>SH 48312</u> <input type="checkbox"/> Fund Raiser	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>
Expenditure #3 Name <u>ACS-APCC</u> Address <u>33204 MAPLE LN</u> <u>SH 48312</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>APCC</u> <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>
Expenditure #4 Name <u>APCC</u> Address <u>33204 MAPLE LN</u> <u>S.H 48312</u> <input type="checkbox"/> Fund Raiser	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>
Expenditure #5 Name <u>AMERICAN GRAPHICS</u> Address <u>34895 GROESBECK</u> <u>CLINTON TWP 48035</u> <input type="checkbox"/> Fund Raiser	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>

Subtotal this page 598.22  
 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 BARRACA A ZIARNO

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 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 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 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 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 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 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 ZARNO

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<sup>00</sup></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>FENNAS 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.<sup>26</sup></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 1107.35

Grand Total of all Schedules 1B  
(Complete on last page of Schedule) 6320.77

Enter this total on line 8a of Summary Page



**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>TOMMY ZIARKO</u> <u>13805 DEERWOOD CT</u> <u>SH 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>SH MI</u> <u>48312</u>	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>7/01/01</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. MI</u> <u>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.



**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>SW. 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 3600.00  
 (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.



**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-IK), 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.