



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED

05 OCT 25 PM 3:37

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.

CARNELLA SABAUGH
MACOMB COUNTY CLERK
THIS STATEMENT COVERS FROM

1 1 05 to 10 23 05
Mo Day Year Mo Day Year

1. Committee I.D. Number 00136969-50

4. Candidate Last Name ZIARKO First Name BARBARA M.I. A

2. Committee Name COMMITTEE TO
ELECT BARBARA A. ZIARKO

4a. Office Sought Including District # or Community Served (If applicable)
STERLING HEIGHTS CITY COUNCIL

4b. County of Residence MACOMB

5. Committee's Mailing Address
13805 DEEPWOOD CT
STERLING HTS 48312
Area Code and Phone 586-939-0332

6. Treasurer's Name & Residential Address TOMMY ZIARKO
13805 DEEPWOOD CT SH 48312
Area Code & Phone 586 939-0332

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.

7. Treasurer's Business Address
13805 DEEPWOOD CT
S.H. 48312
Area Code and Phone 586 939-0332

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
TOMMY ZIARKO
13805 DEEPWOOD CT SH
Area Code and Phone 586-939-0332

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 2005
Month Day Year

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

Month Day Year

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, Tommy ZIARKO Date 10 23 05
Type or Print Name Signature Mo Day Year
Candidate Barbara A. Ziarko, Barbara Ziarko Date 10 23 05
Type or Print Name Signature Mo Day Year



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 00136969-50
2. Committee Name COMMITTEE TO ELECT
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>9885⁰⁰</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>9885⁰⁰</u>	(18.) \$ <u>9885⁰⁰</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>9885⁰⁰</u>	(20.) \$ <u>9885⁰⁰</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0</u>	(21.) \$ <u>0</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0</u>	(22.) \$ <u>0</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>4973.47</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>4973.47</u>	(23.) \$ <u>4973.47</u>
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.) \$ <u>0</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>3600⁰⁰</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>442.71</u> ✓	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>9885.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>10,327.71</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>4973.47</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>5354.24</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

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

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 from committees 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>4/24/05</u> Name: <u>KNIGHT ROBERT</u> Address: <u>41369 BIRCHTREE DR S.H. 48313</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	30 ⁰⁰	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/20/05</u> Name: <u>LEPINE RUDY</u> Address: <u>14732 HOWELL CT S.H. 48312</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	100 ⁰⁰	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/13/05</u> Name: <u>JETS EUGENE</u> Address: <u>37177 MOUND RD S.H. 48310</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESSMAN</u> Employer <u>SELF</u> Business Address <u>JETS PIZZA</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	150 ⁰⁰	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/12/05</u> Name: <u>D'ANGELO JOE</u> Address: <u>7659 AUBURN RD. LITKO MI 48317</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDER</u> Employer <u>SELF</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	200 ⁰⁰	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	480 ⁰⁰	

Enter this total on
line 3 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 ZARKEO

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 from committees 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>4/21/05</u> Name: <u>JABORO NATY</u> Address: <u>23 OXFORD RD GROSSE POINT SHORES 48236</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESSMAN</u> Employer <u>SELF</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	250 ⁰⁰	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/13/05</u> Name: <u>CASMERE ALAN</u> Address: <u>28836 PANAMA WARREN 48092</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>DEVELOPER</u> Employer <u>SELF</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	240 ⁰⁰	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/12/05</u> Name: <u>TRENDON RISTO</u> Address: <u>6785 MUIRFIELD SHELBY 48316</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>DCX</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	240 ⁰⁰	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/19/05</u> Name: <u>KOLASINSKI RICHARD</u> Address: <u>14795 PATTERSON SHELBY 48315</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	120 ⁰⁰	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	850 ⁰⁰	

Enter this total on
line 3 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 ZIAREK

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 from committees 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>4/17/05</u> Name: <u>MC GRATH GREG</u> Address: <u>11136 LORMAN S.H. 48312</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>BANKER</u> Employer <u>COMERICA</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		120 ⁰⁰	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/16/05</u> Name: <u>ANCONA BEN</u> Address: <u>12433 STARLITE CT S.H. 48312</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		120 ⁰⁰	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/16/05</u> Name: <u>COOK SHERRY</u> Address: <u>37412 CASKETON S.H. 48312</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESSWOMAN</u> Employer <u>SELF</u> Business Address <u>FIGURE 8 FITNESS</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		120 ⁰⁰	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/19/05</u> Name: <u>BANORSKI JEFF</u> Address: <u>3210 FARMDALE S.H. 48314</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>O'REILLY - RANCILLO</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		120 ⁰⁰	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		480 ⁰⁰	

Enter this total on
line 3 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 ZARCO

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 from committees 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>4/21/05</u> Name: <u>HETRICK ROBERT</u> Address: <u>43560 MEADOWS CT. CANTON TWP 48038</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>TRAYSEEN KRUPP</u> Business Address <u>BIG BEAVER</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		120 ⁰⁰	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/23/05</u> Name: <u>YANDORA RICHARD.</u> Address: <u>2144 FORREST MEAD SH. 48314</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		30 ⁰⁰	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/26/05</u> Name: <u>GROST MARK</u> Address: <u>47699 RENWICK SHELBY 48315</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		120 ⁰⁰	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/27/05</u> Name: <u>BIANS ROBERT</u> Address: <u>35740 GEORGETOWN SH 48312</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		25 ⁰⁰	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		295 ⁰⁰	

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
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ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 00136969-50
2. Committee Name CTE BARBARA A 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 from committees 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>4/25/05</u> Name: <u>FENN JOHN</u> Address: <u>13288 LILLIAN SH. 48313</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		180 ⁰⁰	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/25/05</u> Name: <u>MERRIM AMIR</u> Address: _____ 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		100 ⁰⁰	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/24/05</u> Name: <u>RADTKE JEROME</u> Address: <u>31294 KENWOOD MADISON HTS 48071</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>DCX</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		120 ⁰⁰	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/12/05</u> Name: <u>BALOGNA JOHN</u> Address: <u>19135 Saxon Dr Beverly Hills 48025</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDER</u> Employer <u>SELF</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		120 ⁰⁰	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		520 ⁰⁰	

Enter this total on
line 3 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. ZIERKO

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 from committees 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>4/12/05</u> Name: <u>PICCINNI ADORNO</u> Address: _____ 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		60 ⁰⁰	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/21/05</u> Name: <u>ADAMS LILLIAN</u> Address: <u>8155 CLAY CT S.H. 48313</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		60 ⁰⁰	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/17/05</u> Name: <u>JANKOWSKI CHRISTINE</u> Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		60 ⁰⁰	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/23/05</u> Name: <u>KALPYDJIAN ARMENAG</u> Address: <u>845 ORCHARD RIDGE RD. BLOOMFIELD HILLS 48304</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESSMAN</u> Employer <u>SELF</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		120 ⁰⁰	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		300 ⁰⁰	

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
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ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 00136969-50
2. Committee Name CTE BARBARA A 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 from committees 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>4/21/05</u> Name: <u>ZANARDELLI VIRGIL</u> Address: <u>422 PARKLAND ROCHESTER HILLS 48307</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer <u>CENTURY 21</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		120 ⁰⁰	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/13/05</u> Name: <u>MALONE TIM</u> Address: <u>14708 CARMEL SH 48312</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>PROBATION OFFICER</u> Employer <u>CITY OF DETROIT</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		120 ⁰⁰	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/20/05</u> Name: <u>MAREK NANCT</u> Address: <u>13842 BATHGATE SH 48312</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>TEACHER</u> Employer <u>ROYAL OAK SCHOOLS</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		120 ⁰⁰	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/20/05</u> Name: <u>BACKUS LOU</u> Address: _____ 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		60 ⁰⁰	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		420 ⁰⁰	

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Page.



MICHIGAN DEPARTMENT OF STATE
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ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

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

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 from committees 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>4/13/05</u> Name: <u>GIRTOS JIM</u> Address: 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		60 ⁰⁰	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/13/05</u> Name: <u>CIPRIANO SAM</u> Address: 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		60 ⁰⁰	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/14/05</u> Name: <u>DORCHEN BARBARA</u> Address: 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		60 ⁰⁰	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/13/05</u> Name: <u>ANDREWS CLARK</u> Address: 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		60 ⁰⁰	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		240 ⁰⁰	

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Page.



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ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

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

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 from committees 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>4/19/05</u> Name: <u>NAJJAR NICK</u> Address: 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		60 ⁰⁰	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/28/05</u> Name: <u>FLINN ERIC</u> Address: <u>3800 VANDYKE ST. 48312</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>3800 VANDYKE</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		180 ⁰⁰	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/25/05</u> Name: <u>PASAKO URTAE</u> Address: <u>35252 DOOLE PARK</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		100 ⁰⁰	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/21/05</u> Name: <u>WOODS JON</u> Address: 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		60 ⁰⁰	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		400 ⁰⁰	

Enter this total on
line 3 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 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 from committees 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>4/18/05</u> Name: <u>TAYLOR PAUL</u> Address: 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		60 ⁰⁰	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/20/05</u> Name: <u>TEJ PAUL SASHI</u> Address: 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		60 ⁰⁰	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/12/05</u> Name: <u>CAMPBELL LARRY</u> Address: 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		60 ⁰⁰	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/17/05</u> Name: <u>SCOTT LAURENCE</u> Address: 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		60 ⁰⁰	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		240 ⁰⁰	

Enter this total on
line 3 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 ZIARCO

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/20/05</u> Name: <u>MARROCCO TONY</u> Address: 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	60 ⁰⁰	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/12/05</u> Name: <u>CALCATERA LAURENCE</u> Address: <u>36900 SCHOENBERG ST 48312</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>FUNERAL DIRECTOR</u> Employer <u>WUJER-CALCATERA</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	120 ⁰⁰	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/19/05</u> Name: <u>FROELING WILLIAM</u> Address: <u>3715 15 MILE S.H. 48310</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESSMAN</u> Employer <u>SELF</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	120 ⁰⁰	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/19/05</u> Name: <u>MARTIN VIC</u> Address: <u>34911 VANDYKE 48312</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESSMAN</u> Employer <u>STERLIN IRIN</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	120 ⁰⁰	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	420 ⁰⁰	

Enter this total on
line 3 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 ZARIN

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 from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/20/05</u> Name: <u>CHIRCO MICHAEL</u> Address: <u>46600 ROMEO PLANK</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>DEVELOPER</u> Employer <u>SELF</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		120 ⁰⁰	
3. Contribution #2 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>4/21/05</u> Name: <u>DRIMLER CHRYSLER CORP</u> Address: <u>1000 CHRYSLER DR. AUBURN HILLS 48326</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		250 ⁰⁰	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/11/05</u> Name: <u>HEANEY H.C</u> Address: <u>723 W. SHIAWASSE LANSING MI. 48915</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		25 ⁰⁰	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/15/05</u> Name: <u>THOMAS TONY</u> Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESSMAN</u> Employer <u>SELF</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		400 ⁰⁰	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		795 ⁰⁰	

Enter this total on
line 3 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 from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/10/05</u> Name: <u>IMPELLIZZERI JOE</u> Address: <u>21500 WAVERLY DR MACOMB MI 48044</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</p>		25 ⁰⁰	
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/10/05</u> Name: <u>JANKOWSKI PAUL</u> Address: <u>806 MICHAUX G.P. SHORES 48236</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</p>		60 ⁰⁰	
<p>3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/4/05</u> Name: <u>SELA ROY</u> Address: <u>13760 GLENRIO S.H. 48313</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</p>		60 ⁰⁰	
<p>3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/9/05</u> Name: <u>DINOTO MARY</u> Address: <u>49171 GOLDEN PARK SHELBY 48315</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</p>		60 ⁰⁰	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		205 ⁰⁰	

Enter this total on
line 3 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 R ZARRO

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 from committees 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>5/3/05</u> Name: <u>LARBINTE RICH</u> Address: <u>14722 CARMEL DR S.H. 48312</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	60 ⁰⁰	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/30/05</u> Name: <u>FANELT TONY</u> Address: <u>50466 HEATHERWOOD SHELBY 48317</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	60 ⁰⁰	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: <u>MANGANO JOE</u> Address: <u>45860 PRIVATE DRIVE CHESTERFIELD MI 48047</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	60 ⁰⁰	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/9/05</u> Name: <u>CLOW DEBBIE</u> Address: <u>47571 MIDDLE RIDGE RD AMHERST OHIO 44001</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	60 ⁰⁰	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	240 ⁰⁰	

Enter this total on
line 3 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 ZACKO

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 from committees 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>5/11/05</u> Name: <u>TURNBILL CHUCK</u> Address: <u>12900 HALL RD. S.W. 48313</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	60 ⁰⁰	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/11/05</u> Name: <u>KRAUSSMAN DON</u> Address: <u>1971 CARTER ROCKNESTER HILLS 48306</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	60 ⁰⁰	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: <u>DEHAULT DON</u> Address: <u>12560 NOONAN UTICA 48315</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	60 ⁰⁰	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/11/05</u> Name: <u>ARYMOVICH ANN MARIE</u> Address: <u>42657 JEANNE HE CT. CANTON TWP 48038</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	60 ⁰⁰	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	240 ⁰⁰	

Enter this total on
line 3 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 all contributions from committees 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>5/11/05</u> Name: <u>BORCH ANNA</u> Address: <u>42655 JEANETTE CLINTON TWP 48038</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		60 ⁰⁰	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/11/05</u> Name: <u>BLAZOUSKI EVONKO</u> Address: <u>41926 SEASIDE S.H. 48314</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>SENATE AIDE</u> Employer <u>MICKEY SWITALSKI</u> Business Address <u>LANSING MI STATE SENATE</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		100 ⁰⁰	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/11/05</u> Name: <u>MOCERI JOHN</u> Address: <u>13828 DEERWOOD CT S.H 48312</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		100 ⁰⁰	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/29/05</u> Name: <u>OLIVER MARLENE</u> Address: <u>3492 SUTTON PLACE BROOMFIELD HILLS 48301</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		100 ⁰⁰	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		360 ⁰⁰	

Enter this total on
line 3 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 ZIARCO

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/26/05</u> Name: <u>JANOWITZ, MAURICE</u> Address: <u>31333 13 MILE BIRMINGHAM HILLS MI 48334</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</p>		100 ⁰⁰	
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/11/05</u> Name: <u>SWITALSKI</u> Address: <u>31412 GAY DR ROSELLE MI 48066</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</p>		100 ⁰⁰	
<p>3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/27/05</u> Name: <u>GUASTELLO TOM</u> Address: <u>16000 HALL RD CANTON TWP</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>DEVELOPER</u> Employer <u>SELF</u> Business Address <u>16000 HALL RD</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		120 ⁰⁰	
<p>3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/11/05</u> Name: <u>BARNHART BOB</u> Address: <u>37142 FOOTHILL DR 48312 S.H</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>SELF</u> Employer <u>MILNE GRW</u> Business Address <u>31576 HARPER S.E.S.</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		120 ⁰⁰	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		440 ⁰⁰	

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 00 136 969-50
2. Committee Name CTE BARBARA A ZARKEO

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 from committees 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>5/04/05</u> Name: <u>JARVIS ALLENE</u> Address: <u>31422 BEECHWOOD WARREN MI. 48088</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		120 ⁰⁰	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/4/05</u> Name: <u>HONG RYANG</u> Address: <u>6125 CENTER DRIVE STERLING HTS 48312</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>SELF</u> Employer <u>SELF APEX HOLD</u> Business Address <u>6125 CENTER DR</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		120 ⁰⁰	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/21/05</u> Name: <u>OLMEDA GERALDO</u> Address: <u>23207 ARMYVIEW S.C.S. 48082</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		120 ⁰⁰	
3. Contribution #4 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>5/5/05</u> Name: <u>S.H. POLICE OFFICERS COMMAND</u> Address: <u>PO Box 625 S.H. 48311</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>S.H. POLICE</u> Business Address <u>PO Box 625 S.H.</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		120 ⁰⁰	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		480 ⁰⁰	

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 00136969 SD
2. Committee Name CTE BARBARA A ZARKE

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 from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/21/05</u> Name: <u>WRONA GINA</u> Address: <u>8335 HELEN CENTERLINE MI 48015</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>1</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		120 ⁰⁰	
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/11/05</u> Name: <u>NEIX WALT</u> Address: <u>3233 N ELDER W BLOOMFIELD 48324</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>HRC INC</u> Employer <u>SELF</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		120 ⁰⁰	
<p>3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/11/05</u> Name: <u>ARTYMOVICH RICHARD.</u> Address: <u>37671 ANDREW DR S.H. 48312</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>V.P SALES</u> Employer <u>E A GRAPHICS</u> Business Address <u>44002 PHOENIX</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		120 ⁰⁰	
<p>3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/11/05</u> Name: <u>ARTYMOVICH ROBERT</u> Address: <u>35726 GERRTOWN SH 48312</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>SELF</u> Employer <u>E A GRAPHICS</u> Business Address <u>44002 PHOENIX</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		120 ⁰⁰	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		480 ⁰⁰	

Enter this total on
line 3 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 ZARK

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 from committees 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>5/11/05</u> Name: <u>MUELLER ANNA</u> Address: <u>13841 DEERWOOD CT S.H. 48312</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	180 ⁰⁰	
3. Contribution #2 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>5/3/05</u> Name: <u>S.H. POLICE OFFICERS ASSOC</u> Address: <u>PO BOX 546 S.H. 48311</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>PAC</u> Employer <u>S.H. POLICE OFFICERS</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	240 ⁰⁰	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/11/05</u> Name: <u>KHAN FAZULLAH</u> Address: <u>5238 WINDMILL DR Troy 48065</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>DEVELOPER</u> Employer <u>SELF</u> Business Address <u>94001 SCHWENHER</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	240 ⁰⁰	
3. Contribution # 4 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>5/11/05</u> Name: <u>S.H. FIRE FIGHTERS UNION</u> Address: <u>PO BOX 308 S.H. 48311</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>S.H. FIRE FIGHTERS</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	300 ⁰⁰	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	930 ⁰⁰	

Enter this total on
line 3 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 all contributions from committees 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>5/31/05</u> Name: <u>EL ALAM ROXANA</u> Address: <u>9211 WINGATE DR SA 48312</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	100 ⁰⁰	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/1/05</u> Name: <u>KERN ALAN</u> Address: <u>5076 CRYSTAL CREEK WASHINGTON 48094</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	100 ⁰⁰	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/6/05</u> Name: <u>ZIARKO JILL</u> Address: <u>671 COUNTRY LAKE FRANKENMUTH 48734</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	250 ⁰⁰	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/11/05</u> Name: <u>MANDZIUK GENE</u> Address: _____ 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	60 ⁰⁰	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		

Enter this total on
line 3 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 ZARKO

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 from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/11/05</u></p> <p>Name: <u>RUGGERI PAUL</u></p> <p>Address: <u>55746 ST REGIS STERBY</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>ATTORNEY</u> Employer <u>SELF</u></p> <p>Business Address <u>38700 VANDYKE</u></p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		500 ⁰⁰	
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/11/05</u></p> <p>Name: <u>OHMKE WAYNE</u></p> <p>Address:</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		60 ⁰⁰	
<p>3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name:</p> <p>Address:</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>			
<p>3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name:</p> <p>Address:</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>			
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		560 ⁰⁰	

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 00136969-50
2. Committee Name COMMITTEE TO ELECT BARBARA A ZIARKO

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>AMERICAN GRAPHICS</u> Address <u>34895 GRAESBECK HWY</u> <u>ROSELAND 48035</u> <input type="checkbox"/> Fund Raiser <u>CLINTON TWP</u>	Purpose: <u>PRINTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>2/18/05</u>	<u>369.48</u>
Expenditure #2 Name <u>MASS MAILING</u> Address <u>37325 EVERGREEN ST. 48312</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>MAILING OF PRINT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>2/18/05</u>	<u>385.38</u>
Expenditure #3 Name <u>BADGE OF HONOR</u> Address <u>SH. POLICE DEPT.</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISER DONATION</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>2/24/05</u>	<u>50.00</u>
Expenditure #4 Name <u>S.H. FIREFIGHTERS</u> Address <u>S.H. FIREFIGHTERS</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISER DONATION BAKERY</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>2/28/05</u>	<u>100.00</u>
Expenditure #5 Name <u>TRIANGLE PRINTING</u> Address <u>30520 GRATIOT ROSEVILLE MT. 48066</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>BARRS F/RAISER PRINTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3/18/05</u>	<u>188.44</u>

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

1093.30

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 00136969-50
2. Committee Name COMMITTEE TO ELECT BARBARA A ZIARKO

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>U.S Post Office</u> Address <u>16 MILE S.H.</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>STAMPS FOR F/RAISER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3/24/05</u>	<u>74.00</u>
Expenditure #2 Name <u>U.S Post Office</u> Address <u>16 MILE S.H 48</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>STAMPS FOR F/RAISER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3/24/05</u>	<u>37.00</u>
Expenditure #3 Name <u>BOMMARITOS BAKERY</u> Address <u>21830 GREATER MACK ST CLAIR SHORES.</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>LEMON ICE FOR F/RAISER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/10/05</u>	<u>50.00</u>
Expenditure #4 Name <u>MONIKA CREATIONS</u> Address <u>27142 LORRAINE WARREN MI</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>CENTERPIECES FOR F/RAISER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/10/05</u>	<u>200.00</u>
Expenditure #5 Name <u>TARGET</u> Address <u>35700 VANDYKE STERLING Hgts 48312</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>CANDY, SIGNS FOR PARADE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/24/05</u>	<u>125.00</u>

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

486.00

1579.30

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>PENNAS OR STERLING Hts</u> Address <u>38400 VANDYKE</u> <u>S.H. 48312</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/28/05</u>	<u>954.00</u>
Expenditure #2 Name <u>TOM ZIARLO</u> Address <u>13805 DEEPWOOD CT.</u> <u>MISC GOODS FOR FUNDRAISER</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>DISHES, PIEROGI, PICKLES</u> <u>TIPS, SPOON S, CANDY</u> <u>DECORATIONS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/20/05</u>	<u>616.27</u>
Expenditure #3 Name <u>APCC (BANNER) POLISH FEST.</u> Address <u>33204 MAPLE LAINE</u> <u>S.H. 48312</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>BANNER</u> <u>DONATION - FESTIVAL</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/28/05</u>	<u>150.00</u>
Expenditure #4 Name <u>MACOMB COUNTY DEMOCRATIC PARTY</u> Address <u>33204 MAPLE</u> <u>230 NORTH AVE</u> <u>MT. CLEMENS</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISER</u> <u>DONATION</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/13/05</u>	<u>100.00</u>
Expenditure #5 Name <u>APCC BANNER FOR GOLF OUTING</u> Address <u>33204 MAPLE LAINE</u> <u>SH. 48312</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>BANNER DONATION</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/15/05</u>	<u>25.00</u>

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

1845.27
3424.57

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>AMERICAN GRAPHIC</u> Address <u>34895 GIMES BECK</u> <u>CLINTON TWP 48035</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>10/6/05</u>	<u>973.08</u>
Expenditure #2 Name <u>MANHATTAN PRINTERS & MAILERS</u> Address <u>51132 MILANO DR</u> <u>MALCOMB 48042</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>MAILING (AV)</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/13/05</u>	<u>576.12</u>
Expenditure #3 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		
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		
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		

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

1549.20

4973.77

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 COMMITTEE TO ELECT 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 (Indicate type and you may assign an expenditure code) 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) <input type="checkbox"/> FORGIVEN
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>TOMMY ZIARKO</u> <u>13805 DEERWOOD CT</u> <u>STERLING Hgts 48312</u>	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>2/18/05</u> 6. Original Amount of Debt: <u>\$ 1000⁰⁰</u>	<u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u>	<u>\$ 0</u>	<u>\$ 1000⁰⁰</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>STERLING Hgts 48312</u>	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>7/01/01</u> 6. Original Amount of Debt: <u>\$ 1100⁰⁰</u>	<u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u>	<u>\$ _____</u>	<u>1100⁰⁰</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>STERLING Hgts</u>	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>4/2003</u> 6. Original Amount of Debt: <u>\$ 900⁰⁰</u>	<u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u>	<u>_____</u>	<u>900⁰⁰</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

3000⁰⁰

Grand Total of all Schedules 1E

3000⁰⁰

(Complete on last page of Schedule showing amounts owed by or to the committee)

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Page 1 of 2

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

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 (Indicate type and you may assign an expenditure code) 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 ZARKO</u> <u>13805 DEERWOOD</u> <u>S.H. 48312</u>	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>5/05</u> 6. Original Amount of Debt: <u>\$ 600.00</u>	<u>1 / 1</u> \$ <u>1 / 1</u> \$ <u>1 / 1</u> \$ <u>1 / 1</u> \$ <u>1 / 1</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. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____	<u>1 / 1</u> \$ <u>1 / 1</u> \$ <u>1 / 1</u> \$ <u>1 / 1</u> \$ <u>1 / 1</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. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____	<u>1 / 1</u> \$ <u>1 / 1</u> \$ <u>1 / 1</u> \$ <u>1 / 1</u> \$ <u>1 / 1</u> \$	\$	<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$				

Page Subtotal (Outstanding debt)

Grand Total of all Schedules 1E

(Complete on last page of Schedule showing amounts owed by or to the committee)

600.00

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 ZIARKO

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>5</u> <u>15</u> <u>2005</u> Month Day Year	4. Number of Individuals Attending or Participating (whichever is greater) <u>45</u>	5. Type of Fund Raising Activity <u>DINNER - BUFFET</u>	6. Address and Name (If any) of the place where the activity was held <u>RENNA'S OF STERLING</u> <u>38400 VAN DYKE</u> <input type="checkbox"/> Private Residence
--	---	--	---

7. Total Contributions _____

8. Other Receipts _____

9. Gross Receipts (Add lines 7 and 8) _____

10. Total Cost of Event \$954.00
(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.