



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: <u>10/21/2022</u> to <u>12/31/2022</u>										
1. Committee I.D. Number 136969-50 2. Committee Name Barbara A. Ziarko	4. Candidate Last Name Ziarko First Name Barbara M.I. A 4a. Office Sought Including District # or Community Served (If applicable) City Council 4b. County of Residence MACOMB									
5. Committee's Mailing Address 13805 Deepwood Ct. Sterling Heights, MI 48312 Area Code and Phone <u>(586) 939-0332</u> <small>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</small>	6. Treasurer's Name & Residential Address Barbara A. Ziarko 13805 Deepwood Ct. Sterling Heights, MI 48312 Area Code & Phone <u>(586) 939-0332</u>									
7. Treasurer's Business Address Barbara A. Ziarko 13805 Deepwood Ct. Sterling Heights, MI 48312 Area Code and Phone <u>(586) 939-0332</u>	8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) Barbara A. Ziarko 13805 Deepwood Ct. Sterling Heights, MI 48312 Area Code and Phone <u>(586) 939-0332</u>									
9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus Date of Election, Convention or Caucus _____	Required ONLY if candidate is not on the ballot for the current year: <input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly 9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year 9d. <input checked="" type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)	9e. Dissolution of Candidate Committee <input type="checkbox"/> By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no lates fees or has any outstanding debt. Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Effective date of dissolution _____ Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.								
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.										
<table style="width: 100%;"> <tr> <td style="width: 40%;">Current Treasurer or Designated Record keeper</td> <td style="width: 30%;"> Barbara A. Ziarko Type or Print Name </td> <td style="width: 30%;"> Signature </td> <td style="width: 10%;"> Date 01/31/2023 </td> </tr> <tr> <td>Candidate</td> <td> Barbara A. Ziarko Type or Print Name </td> <td> Signature </td> <td> Date 01/31/2023 </td> </tr> </table>			Current Treasurer or Designated Record keeper	Barbara A. Ziarko Type or Print Name	 Signature	Date 01/31/2023	Candidate	Barbara A. Ziarko Type or Print Name	 Signature	Date 01/31/2023
Current Treasurer or Designated Record keeper	Barbara A. Ziarko Type or Print Name	 Signature	Date 01/31/2023							
Candidate	Barbara A. Ziarko Type or Print Name	 Signature	Date 01/31/2023							