



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE  
COVER PAGE

FILED FILED

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: 10/27/07 to 11/26/07

1. Committee I.D. Number 00136969-57

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

2. Committee Name CTE BARBARA A. ZIARKO

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

4b. County of Residence MACOMB

5. Committee's Mailing Address  
13805 DEERWOOD CT  
STERLING Hgts MI  
48312

6. Treasurer's Name & Residential Address  
TOMMY ZIARKO  
13805 DEERWOOD CT  
STERLING Hgts MI 48312

Area Code and Phone 586 9390332  
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.

Area Code & Phone 586 9390332

7. Treasurer's Business Address  
SAME AS ABOVE

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)  
SAME AS ABOVE

Area Code and Phone \_\_\_\_\_

Area Code and Phone \_\_\_\_\_

9. TYPE OF STATEMENT

9a. ☐ Pre-Election OR 9b. ☒ Post-Election

9c. ☐ Annual Statement ( \_\_\_\_\_ Coverage Year)

Pre-Election or Post-Election Statement relates to:

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

☐ Primary ☒ General  
☐ Convention ☐ School  
☐ Special ☐ Caucus

Effective Date of Dissolution \_\_\_\_\_

Date of Election, Convention or Caucus

11/06/2007

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 11/27/07  
Type or Print Name Signature

Candidate Barbara Ann Ziarko Barbara Ziarko Date 11/27/07  
Type or Print Name Signature



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

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

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>Ø</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>Ø</u>	(18.) \$ <u>Ø</u>
<b>4. Other Receipts (Schedule 1A -1, Column 6)</b>	(4.) \$ <u>Ø</u>	(19.) \$ <u>Ø</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>Ø</u>	(20.) \$ <u>Ø</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>Ø</u>	(21.) \$ <u>Ø</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>Ø</u>	(22.) \$ <u>Ø</u>
<b>EXPENDITURES</b>		
<b>8. Expenditures</b>		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>2294.01</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>Ø</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>Ø</u>	
<b>9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)</b>	(9.) \$ <u>2294.01</u>	(23.) \$ <u>2294.01</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
<b>10. Disbursements</b>		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>Ø</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>Ø</u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ <u>Ø</u>	(24.) \$ <u>Ø</u>
<b>DEBTS AND OBLIGATIONS</b>		
<b>12. Debts and Obligations</b>		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>3600<sup>00</sup></u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>Ø</u>	
<b>BALANCE STATEMENT</b>		
<b>13. Ending Balance of last report filed</b> (Enter zero if no previous reports have been filed.)	(13.) \$ <u>4968.87</u>	
<b>14. Amount received during reporting period</b> (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>Ø</u>	
	(15.) = \$ <u>4968.87</u>	
<b>15. SUBTOTAL Add lines 13 and 14</b>		
<b>16. Amount expended during reporting period</b> (Add lines 9 and 11)	(16.) - \$ <u>2294.01</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>2674.86</u>	



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ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>MANHATTAN MAILERS</u> Address <u>51132 MILANO DR</u> <u>MACOMB 48042</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>AV MAILING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/23/07</u>	<u>718.78</u>
Expenditure #2 Name <u>AMERICAN GRAPHICS</u> Address <u>34895 GROESBECK HWY</u> <u>CLINTON TWP MI 48035</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>ELECTION MTL.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/24/07</u>	<u>238.50</u>
Expenditure #3 Name <u>AMERICAN GRAPHICS</u> Address <u>34895 GROESBECK HWY</u> <u>CLINTON TWP 48035</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>REMINDER POST CARDS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/25/07</u>	<u>80.56</u>
Expenditure #4 Name <u>U.S POST MASTER</u> Address <u>METRO PARKWAY</u> <u>STERLING Hgts</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>STAMPS - POST CARDS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/25/07</u>	<u>171.00</u>
Expenditure #5 Name <u>MANHATTAN MAILERS</u> Address <u>51132 MILANO DR</u> <u>MACOMB 48042</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>VOTER MAILING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/31/07</u>	<u>1085.17</u>

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

2294.01

Enter this total  
on line 8a of  
Summary Page



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

1. Committee I.D. Number 00136967-50  
2. Committee Name CTE BARBARA A ZALUT

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)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>Barbara Zalut</u> <u>1305 DEERWOOD CT</u> <u>S.W. MI 48312</u>	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>2/15/2005</u> 6. Original Amount of Debt: <u>\$ 1000.00</u>	<u>1 1</u> \$ <u>1 1</u> \$ <u>1 1</u> \$ <u>1 1</u> \$ <u>1 1</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>Barbara Zalut</u> <u>1305 DEERWOOD CT</u> <u>S.W. MI 48312</u>	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>7/01/2001</u> 6. Original Amount of Debt: <u>\$ 1100.00</u>	<u>1 1</u> \$ <u>1 1</u> \$ <u>1 1</u> \$ <u>1 1</u> \$ <u>1 1</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>Barbara Zalut</u> <u>1305 DEERWOOD CT</u> <u>S.W. MI 48312</u>	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>7/2003</u> 6. Original Amount of Debt: <u>\$ 900.00</u>	<u>1 1</u> \$ <u>1 1</u> \$ <u>1 1</u> \$ <u>1 1</u> \$ <u>1 1</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)				<u>3000.00</u>
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.

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MICHIGAN DEPARTMENT OF STATE  
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**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 0013696-50  
2. Committee Name CTE BARBARA A. FINKEL

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. FINKEL</u> <u>13865 DEERWOOD CT</u> <u>SH. HT 48312</u>	4. Type: <u>LOAN</u> <u>572005</u> 5. <u>Date Debt Was Incurred:</u> <u>6. Original Amount of Debt:</u> \$ <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>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> \$ _____	<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. <u>Date Debt Was Incurred:</u> 6. <u>Original Amount of Debt:</u> \$ _____	<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)

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page  
600.00  
3400.00

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.

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