



**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: 1/01/07 to 10/21/07

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

4. Candidate Last Name ZIARKO First Name BARBARA M.I. A
4a. Office Sought Including District # or Community Served (if applicable) STERLING HEIGHTS CITY COUNCIL
4b. County of Residence COUNCIL

5. Committee's Mailing Address 13805 DEERWOOD CT
STERLING HTS MI
48312
Area Code and 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.

6. Treasurer's Name & Residential Address TOMMY ZIARKO
13805 DEERWOOD CT
STERLING HTS MI
Area Code & Phone 586-939-0332

7. Treasurer's Business Address SAUE AS ABOVE
Area Code and Phone _____

8. Designated Record keeper's Name and Mailing Address (If the Committee has a Designated Record keeper) SAUE AS ABOVE
Area Code and Phone _____

FILED
OCT 30 AM 10:14
COMMUNICATIONS SECTION
MICHIGAN DEPARTMENT OF STATE

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 11/6/2007

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 Tommy Ziarko Date 10/30/07
Candidate Barbara A Ziarko Barbara Ziarko Date 10/30/07



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <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 checked="" type="checkbox"/> YES 4. Date of Receipt <u>4/18/07</u> Name: <u>FAPP LOCAL 1557 PAC</u> Address: <u>COMM. 10 # 510258</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 # 2 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>4/28/07</u> Name: <u>IAPP LOCAL 1557 PAC</u> Address: <u>COMM ID# 510258</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	300 ⁰⁰	420 ⁰⁰
3. Contribution # 3 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>4/25/07</u> Name: <u>S.H. POLICE OFFICERS ASSOC</u> Address: <u>PO BOX 546 STERLING Hts 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	240 ⁰⁰	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: _____ 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		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	660 ⁰⁰	

Enter this total on
line 3 of Summary
Page.