

**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: 11/01/07 to 10/21/07
Mo Day Year Mo Day Year

1. Committee I.D. Number 00136969-50

2. Committee Name
CTE BARBARA A ZARCO

4. Candidate Last Name	First Name	M.I.
ZIRKO	BARGARA	A

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
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
 S.H. MI
 Area Code & Phone (566) 939-0332 48312

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

7. Treasurer's Business Address
SAME AS ABOVE

Area Code and Phone (____)

Designated Record Keeper)
SAME AS ABOVE

Area Code and Phone ()

9. TYPE OF STATEMENT

9a. ~~1~~ Pre-Election

OR

9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☐ Primary

 Convention

Special

☒ General

School

☐ **Caucus****Date of Election, Convention or Caucus**

11 06 2007
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 BARRY ZIARKO Tommy Zinko Date 11 1 07
Type of Print Name Signature Mo Day Year

Candidate Barbara A. Ziarko Barbara Ziarko Date 11 01 07
Type of Print Name Signature Mo Day Year

Authority granted under P.A. 388 of 1976



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 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 checked="" type="checkbox"/> YES 4. Date of Receipt <u>5/21/07</u> Name: <u>STERLING HEIGHTS POLICE COMMAND OFFICERS</u> Address: <u>PO BOX 625 S.H. MI 48311 ASSOC</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address <u>STATE LEVEL PAC #503306</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 #2 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		
3. Contribution #3 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		
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)		

Enter this total on
line 3 of Summary
Page.