



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>11/27/07</u> to <u>12/31/08</u>		
4. Candidate Last Name <u>ZIARKO</u>	First Name <u>BARBARA</u>	M.I. <u>A</u>
4a. Office Sought Including District # or Community Served (If applicable) <u>STERLING HEIGHTS CITY COUNCIL</u>		
4b. County of Residence <u>MACOMB</u>		
6. Treasurer's Name & Residential Address <u>TOMMY ZIARKO</u> <u>13805 DEERWOOD CT</u> <u>S.H. MI 48312</u>		
Area Code & Phone <u>586-939-0332</u>		
8. Designated Record keeper's Name and Mailing Address (If the committee has Designated Record keeper) <u>SAME AS ABOVE</u>		
Area Code and Phone _____		

1. Committee I.D. Number
00136969-50

2. Committee Name
CTE BARBARA A. ZIARKO

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.

7. Treasurer's Business Address
SAME AS ABOVE

Area Code and Phone _____

9. TYPE OF STATEMENT

9a. ☐ Pre-Election OR 9b. ☐ 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"/> School
<input type="checkbox"/> Special	<input type="checkbox"/> Caucus

Date of Election, Convention or Caucus

9c. ☒ Annual Statement (2008 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	<u>TOMMY ZIARKO</u>	Signature	<u>Tommy Ziarko</u>	Date	<u>1/21/09</u>
Candidate	<u>Barbara A. Ziarko</u>	Signature	<u>Barbara A. Ziarko</u>	Date	<u>1/21/09</u>



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
CANDIDATE COMMITTEE**

1. Committee I.D. Number

00136969-50

2. Committee Name

CTE BARBARA A ZARKO

RECEIPTS

3. Contributions

a. Itemized (Schedule 1A - Column 6)

(3a.) \$ 0

b. Unitemized (less than \$20.01 each - no Schedule)

(3b.) \$ NOT APPLICABLE

c. Subtotal of "Contributions"

(3c.) \$ 0

4. Other Receipts (Schedule 1A -1, Column 6)

(4.) \$ 0

5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS
(Add Line 3c + Line 4)

(5.) \$ 0

Column I
This Period

Column II
Cumulative this election cycle

(18.) \$ 0

(19.) \$ 0

(20.) \$ 0

IN-KIND CONTRIBUTIONS & EXPENDITURES

6. In-Kind Contributions (Schedule 1-IK, Column 7)

(6.) \$ 0

7. In-Kind Expenditures (Schedule 1B-IK, Column 6)

(7.) \$ 0

(21.) \$ 0

(22.) \$ 0

EXPENDITURES

8. Expenditures

a. Itemized (Schedule 1B, Column 6)

(8a.) \$ 1357.58

b. Itemized Get-Out-the-Vote (Schedule 1B-G)

(8b.) \$ 0

c. Unitemized (less than \$50.01 each - no Schedule)

(8c.) \$ 0

9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)

(9.) \$ 1357.58

(23.) \$ 1357.58

INCIDENTAL EXPENSE DISBURSEMENTS
(Officeholders Only)

10. Disbursements

a. Itemized (Schedule 1C, Column 6)

(10a.) \$ 0

b. Unitemized (less than \$50.01 each - no Schedule)

(10b.) \$ 0

11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS
(Add Line 10a + Line 10b)

(11.) \$ 0

(24.) \$ 0

DEBTS AND OBLIGATIONS

12. Debts and Obligations

a. Owed by the Committee (Schedule 1E)

(12a.) \$ 3600.00

b. Owed to the Committee (Schedule 1E)

(12b.) \$ 0

BALANCE STATEMENT

13. Ending Balance of last report filed
(Enter zero if no previous reports have been filed.)

(13.) \$ 2674.86

14. Amount received during reporting period
(Line 5, Total Contributions & Other Receipts)

(14.) + \$ 0

(15.) = \$ 0

15. SUBTOTAL Add lines 13 and 14

16. Amount expended during reporting period
(Add lines 9 and 11)

(16.) - \$ 1357.58

17. ENDING BALANCE
(Subtract line 16 from line 15)

(17.) \$ 1317.28 *



**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 (Required information)	5. Date	6. Amount
Expenditure #1 Name <u>S.H. FIREFIGHTERS</u> Address <u>PO Box 308</u> <u>S.H. 48311</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FUND RAISER</u> <u>BANNER</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3/1/08</u> Date	\$ <u>100.00</u>
Expenditure #2 Name <u>KEN LAMPAR</u> Address <u>43304 VINSETTA DR</u> <u>S.H. MI 48313</u> <input checked="" type="checkbox"/> Fund Raiser <u>COUNTY COMMI</u>	Purpose: <u>FUNDRAISER</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3/10/08</u> Date	\$ <u>35.00</u>
Expenditure #3 Name <u>JON SWITALSKI</u> Address <u>31705 FOREST CN</u> <u>WARREN MI</u> <u>STATE REP.</u> <input checked="" type="checkbox"/> Fund Raiser <u>COUNTY COMMISSIONER</u>	Purpose: <u>FUNDRAISER</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3/27/08</u> Date	\$ <u>30.00</u>
Expenditure #4 Name <u>JENNIFER HASSE</u> Address <u>34886 MAPLEWOOD</u> <u>RICHMOND MI 48062</u> <input checked="" type="checkbox"/> Fund Raiser <u>STATE REP</u>	Purpose: <u>FUNDRAISER</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/24/08</u> Date	\$ <u>60.00</u>
Expenditure #5 Name <u>APCC</u> Address <u>33204 MAPLE LANE</u> <u>SH 48312</u> <input type="checkbox"/> Fund Raiser <u>BANNER FOR FESTIVAL</u>	Purpose: <u>BANNER</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/9/08</u> Date	\$ <u>120.00</u>

Subtotal this page

345.00

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

Enter this total
on line 8a of
Summary Page



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 (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>MARIA SCHMIDT</u> Address <u>35755 Wood Villa</u> <u>SH. MI 48312</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>REIMBURSEMENT</u> <u>DESSERTS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/30/07</u> Date	<u>75.00</u> \$ <u>75.00</u>
Expenditure #2 Name <u>JOE ROMANO</u> Address <u>12236 GRINOLEY</u> <u>SH. MI 48312</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>REIMBURSEMENT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/26/08</u> Date	<u>25.00</u> \$ <u>25.00</u>
Expenditure #3 Name <u>LESNAU PRINTING</u> Address <u>6025 WALL ST.</u> <u>SH. MI 48312</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING</u> <u>CALENDARS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/18/08</u> Date	<u>300.52</u> \$ <u>300.52</u>
Expenditure #4 Name <u>AMERICAN CANCER SOCIETY</u> Address <u>18505 W 12 MILE RD</u> <u>SOUTHFIELD</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>RA FUNDRAISER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/8/08</u> Date	<u>50.00</u> \$ <u>50.00</u>
Expenditure #5 Name <u>MANHATTAN MAILERS-</u> Address <u>51132 MILANO DR</u> <u>MARCOMB MI 48042</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>CALENDARS</u> <u>MAILING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/15/08</u> Date	<u>561.92</u> \$ <u>561.92</u>

Subtotal this page 1012.58
Grand Total of all Schedules 1B
(Complete on last page of Schedule) 1357.58

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 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 endorser or guarantors, if any.	4. Type of Obligation (Description) 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>TOMMY ZARKO</u> <u>13805 DEERWOOD CT</u> <u>S.H. MI 48312</u>	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>2/18/2005</u> 6. Original Amount of Debt: <u>\$ 1000⁰⁰</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 ZARKO</u> <u>13805 DEERWOOD CT</u> <u>S.H. MI 48312</u>	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>7/01/2001</u> 6. Original Amount of Debt: <u>\$ 1100⁰⁰</u>	\$ \$ \$ \$ \$	\$ <u>0</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 ZARKO</u> <u>13805 DEERWOOD CT</u> <u>S.H. MI 48312</u>	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>4/2003</u> 6. Original Amount of Debt: <u>\$ 900⁰⁰</u>	\$ \$ \$ \$ \$	\$ <u>0</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
(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.



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 ZACKO

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 (Description) 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 ZACKO</u> <u>13805 DEERWOOD CT</u> <u>S.H. MI 48312</u>	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>5/2005</u> 6. <u>Original Amount of Debt:</u> <u>\$ 600⁰⁰</u>	\$ \$ \$ \$ \$	\$ <u>0</u>	\$ <u>600⁰⁰</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> _____ \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <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> _____ \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <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)

600⁰⁰
3600⁰⁰
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.