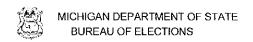


### CANDIDATE COMMITTEE COVER PAGE

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: 0/0/09 to 10/18/09
1. Committee I.D. Number	4. Candidate Last Name First Name M.I.
00136969-50	Ziarko Barbara A.
2. Committee Name	4a. Office Sought Including District # or Community Served (If applicable)
CTE Barbara A. Ziarko	Sterling Heights City Council
	4b. County of Residence Macomb
5. Committee's Mailing Address	6. Treasurer's Name & Residential Address
13805 Deepwood Court	Tommy Ziarko
Sterling Heights, MI 48312	13805 Deepwood Court
	Sterling Heights, MI 48312
Area Code and Phone (586) 939-0332	
If the address in this box is different from the committee	
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) 939-0332
7. Treasurer's Business Address	Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
13805 Deepwood Court	
Sterling Heights, MI 48312	Tommy Ziarko
Area Code and Phone (586) 939-0332	Area Code and Phone (586) 939-0332
9. TYPE OF STATEMENT	
9a. Pre-Election OR 9b. Post	st-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)
Primary Gen	neral 9e. Dissolution of Candidate Committee
Convention Sch	hool Effective Date of Dissolution
C Special C	
Special Cau	By checking this item, I/We certify that the committee has no assets or
Date of Election, Convention or Caucus	outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for
11/03/09	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 re	equired Campaign Statements. The Campaign Statements must include all applicable enditures, 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	ged since the information was shown on the committee's Statement of Organization, an this Campaign Statement. If a request for a Reporting Waiver is not received on or that campaign statement cannot be waived.
<ol> <li>Verification: I\We certify that all reasonable diligence was used my\our knowledge and belief the contents are true, accurate and co</li> </ol>	I in the preparation of this statement and attached schedules (if any) and to the best of complete.
Current Treasurer or Tommy Ziarko	Tames 5 la later
Designated Record keeper Type or Print Name	Signature Date 10/18/09
Candidate Barbara A. Ziarko	Darbers & Franko 10/10/159
Type or Print Name	Signature Date // 6

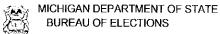


**SUMMARY PAGE** CANDIDATE COMMITTEE

1. Committee I.D. Number 00/36969 - 50

2. Committee Name CTE BARBARA A ZIARKO

RECEIPTS	Column I	Column II
	This Period	Cumulative this election cycle
3. Contributions	010-10	
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>8495</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	_
c. Subtotal of "Contributions"	(3c.) \$	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$ 2500
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>852.0.</u> 00	(20.) \$ 8520. °2
IN-KIND CONTRIBUTIONS & EXPENDITURES	1	~
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 3542.96	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 3542,96	(23.) \$ 3542.96
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	(24.)\$
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) 4	(24.) 4
a. Owed by the Committee (Schedule 1E)	(12a.)\$ 3600 °C	
b. Owed to the Committee (Schedule 1E)		
	(12b.) \$BALANCE STATEMENT	<u> </u>
	12119 00	
Ending Balance of last report filed     (Enter zero if no previous reports have been filed.)	(13.) \$ /5//28	
14. Amount received during reporting period	(14.)+\$ 8570,00	
(Line 5, Total Contributions & Other Receipts)	(15.) = \$ 9837.28	
15. SUBTOTAL Add lines 13 and 14	2542 9/	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>3572, 122</u> 17916 37	
17. ENDING BALANCÉ (Subtract line 16 from line 15)	(17.) \$ 6274.02 ·	•
(Subtract file 10 field file 13)		



Page 1 of 2/

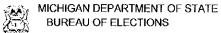
## ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number 00/36969-50

2. Committee Name CTE BARBARA A ZIARKO CANDIDATE COMMITTEE Enter contributor's name and address. If contribution is from an individual, enter last name, first name. 6. Amount 7. Cumulative for middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Election Cycle for Each Committee (PAC) Report all contributions regardless of amount. Contributor (Through date of receipt) 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt Name & Address: RON SUWINSKI 3204 BARTON S.H 48310 s 50.00 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation \_\_\_ \_\_\_\_\_ Employer\_\_ Business Address Y Fund Raiser Type of Contribution: Direct Loan from a person PAC Receipt? YES 4. Date of Receipt 5/6/09 3. Contribution #2 HAASE JENNIFER Name & Address 34886 MAPLEWOOD LN \$*50.00* RKHMOND MI 4806Z 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation \_ Business Address Type of Contribution: Direct Loan from a person Fund Raiser PAC Receipt? YES 3. Contribution # 3 4. Date of Receipt Name & Address:

DIANA KOLAKOWS KI 33488 BRECKENRIDGE 3000 48310 Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Occupation \_ Employer\_ Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address IMPELLIZZERI HEIDI

21580 WAVERLY MACOMB MI 48044 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation\_ Employer \_ Business Address Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on line 3a of Summary

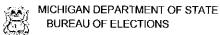


1. Committee I.D. Number 00/36969-50

CANDIDATE COMMITTEE 2. Committee Name	-IC BARBAILH A ETAREO
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 regardless of amount.	6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 4/20/09  Name & Address:  PHOEBE SCHOENHERE  2.7655 OKD COCONY  FARMING TON HILLS MI 48334  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	\$ 6000 \$ Click Here for Memo Itemization
8. Contribution #2 PAC Receipt? YES 4. Date of Receipt 5/6/09  Name & Address  SYNYZYN JIM  3 4/47 DRYDEN  5. H - 48312  5. If over \$100.00 cumulative, please provide:  DecupationEmployer  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	\$ 60 60 \$  Click Here for Memo Itemization
A. Contribution #3 PAC Receipt? YES 4. Date of Receipt 5/6/09  Name & Address:  NC GRATH GREG  1// 36 LORMAN  5. H. MI 483/Z  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address Type of Contribution: Direct Loan from a person X Fund Raiser	\$ 60 00 \$Click Here for Memo Itemization
Contribution #4 PAC Receipt? YES 4. Date of Receipt 5/5/09    MC KENNA PHIC   Z35 E MAIN ST   LORTHVILLE MI 48167   S. If over \$100.00 cumulative, please provide:    Occupation	\$ 6000 \$ Click Here for Memo Itemization
Page Subtotal	240,00

Page <u>Z</u> of <u>Z/</u>

Grand Total of All Schedules 1A (Complete on last page of Schedule)

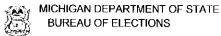


1. Committee I.D. Number 00136969-50

CANDIDATE COMMITTEE 2. Committee Name _	CTE BARBARA	A Zinero
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 regardless of amount.	e, 6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 4/10/09 Name & Address: WARTHA 57477 WILLOWAY CT		
WASHINGTON MI 48094  5. If over \$100.00 cumulative, please provide:	\$ 60 ac	\$
Occupation Employer	Click Here to	or Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 5/6/09  Name & Address  SINGH TOBAL  36667 ENGLISH DR  S. N. 48310	\$ 6000	\$
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
R. Contribution #3 PAC Receipt? YES 4. Date of Receipt 4/21/09  BACKUS GRACE		
45550 VANKER AVE	\$ 60 00	\$
UTICA MI 48317 5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
CocupationEmployer		
Contribution #4 PAC Receipt? YES 4. Date of Receipt 4/29/09  Jo FAR KATHRYN		
2538 PORTOBELLO DR	\$ 6000	<b>C</b>
Thoy MT 46083  5. If over \$100.00 cumulative, please provide:	<u> </u>	<b>\$</b>
o. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer	_	
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subt	otal 240,00	

Page 3 of 21

Grand Total of All Schedules 1A (Complete on last page of Schedule)

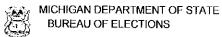


1. Committee I.D. Number 00/36969-50 - F Broann A Ziner-

CANDIDATE COMMITTEE 2. Committee Name	1 C DHILDHICH	IN ETAKKO
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 regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 5/6/09  Name & Address:  GUZIK GERM  /3817 DEERWOOD CT  5. H +83/2  5. If over \$100.00 cumulative, please provide:  Occupation FETIRED Employer  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	\$ 100 000 Click Here fo	\$r Memo Itemization
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 5/6/09  Name & Address  //AUMOVSKI BUAG OTA  8 777 / 8 MILE  5. H. 48313  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address	\$ 65-00 Click Here for	\$ Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser  3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 3/30/09  Name & Address: ACBIN FUM  HIP KATYDIA LN  KALAMA ZOO MT 4900 &  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address	s 60 00 Click Here for	\$ Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser  3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 3/31/05  Name & Address  NETHEISEC STEPHEN  /362 KINCSPAT DE  ROCHESTER HULLS MI  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		\$ Memo Itemization
Page Subtotal	28500	
Crand Total of All Schodular 1A	l	

Page 4 of 21

Grand Total of All Schedules 1A (Complete on last page of Schedule)



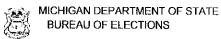
### **CANDIDATE COMMITTEE**

1. Committee I.D. Number 00/36969-50

2. Committee Name CTE BARBARA A FIAULO

CANDIDATE CONNITTEE 2. Committee Name	- IC DAIGONA	A. EINELO
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 regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 4/21/09  Name & Address:  LEE ROBERT  1698 PINOAK CT	s/2000	\$
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer	Click Here	for Memo Itemization
Business Address SAME AS ABOVE		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 5/6/09		
CAMPBELL LARRY		
6690 VERHMUOR DR	\$ 10000	_ \$
TROY MI 5. If over \$100.00 cumulative, please provide:	Click Here f	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 4/29/09  Name & Address:		
LAMPAR KEN	. 00	
43304 VINSETTA DR	\$ 100 -	_ \$
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	,	
S. Contribution #4 PAC Receipt? YES 4. Date of Receipt 5/6/09  FRONTE DWIN		
9661 DIXIE Hay	17000	
EAR HAVEN 1 48023	\$/20=	\$
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation CUSINESMAN Employer SECF EMPLOYED	Ollow Flore 10	incino itamization
Business Address SAME AS ABOVE		
Type of Contribution: Direct Loan from a person Fund Raiser		
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Page 5 of 2/



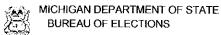
#### CANDIDATE COMMITTEE

1. Committee I.D. Number <u>OO136969-50</u>

2. Committee Name <u>CTE BARBARA</u> A ZIARKO

2. Continued Name		<i></i>
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 regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 4/20/09  Name & Address:  MANDZIUK LILA  4254 CHRIS DR  5. H 48310  5. If over \$100.00 cumulative, please provide:  Occupation FUNERAL DIRECTOR Employer SELF EMPLOYED  Business Address 3801 18 MILE RD SH.  Type of Contribution: Direct Loan from a person Fund Raiser	\$ 180 = Click Here fo	\$or Memo Itemization
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 5/6/09  Name & Address  JARVIS BILL  4/1800 EXECUTIVE PR	\$ 180 cc	\$
5. If over \$100.00 cumulative, please provide:  Occupation BUSNISSMAN Employer TARVIS CONSTRUCTION  Business Address SAME AS ABOVE  Type of Contribution: Direct Loan from a person Fund Raiser	Click Here for	r Memo Itemization
Receipt? YES 4. Date of Receipt 5/4/09  Name & Address:  CUETER WALT  260 CHARING CRUSS CT  BLOOMFIELD HALLS MA 48804  5. If over \$100.00 cumulative, please provide:  Occupation REALESTATE Employer SEALE EMPLOYED  Business Address AMCS As ABOVE  Type of Contribution: Direct Loan from a person Fund Raiser	\$ /SD CO Click Here for	\$ Memo Itemization
Accountibution # 4 PAC Receipt? YES 4. Date of Receipt  Address  AMAREK NANCI  13842 BATHGATE  5. If over \$100.00 cumulative, please provide:  Occupation FACHER Employer RO SCHOOL September Supplements Address  Type of Contribution: Direct Loan from a person Fund Raiser	\$ <u>120</u> ी Click Here for	\$ Memo Itemization
Page Subtotal  Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	

Page 6 of 21

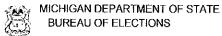


#### CANDIDATE COMMITTEE

1. Committee I.D. Number 60/36 969-50

2. Committee Name CTE BARBARA A ZIANKO

CANDIDATE COMMITTEE 2. Committee Name	of Chille	MAICH IN CIONIE
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 regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 4 2 09  Name & Address:  MRUK GARY 23 1/8 GLENBRUK  S C SHARES 480 8 Z  5. If over \$100.00 cumulative, please provide:  Occupation KETIREL Employer  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	\$ /20 🖭 Click Here fo	\$or Memo Itemization
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 5/6/09  Name & Address  VJKIC LUCAS  6200 AUBURN RT  5. If over \$100.00 cumulative, please provide:  Occupation BUSNISMAN Employer SELFEMPLOYED - TOWING  Business Address SAME AS ABOVE	\$ /క్రు లు Click Here fo	\$r Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 5/1/09  Name & Address:  RUGGERT PARK  55 76 4 ST REGIS  5. If over \$100.00 cumulative, please provide:  Occupation ATORNE Employer SECTEMPLOYED  Business Address 44250 SCHOENHERE S. H.  Type of Contribution: Direct Loan from a person Fund Raiser	\$ 250 °° Click Here for	\$ Memo Itemization
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt  Name & Address  KLIEMAN JENNIFER  14650 Z5MILE RD  5. If over \$100.00 cumulative, please provide:  Occupation 25/NESSWWW Employer SEFEMP WEGAND  Business Address 37580 MOUND RD SU H8310  Type of Contribution: Direct Loan from a person Fund Raiser	\$300 eg Click Here for	\$ Memo Itemization
Page Subtotal  Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page 7 of 2/	Enter this total on tine 3a of Summary Page.	



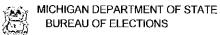
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### **ITEMIZED CONTRIBUTIONS SCHEDULE 1A**

1. Committee I.D. Number 00136969-50

line 3a of Summary

CANDIDATE COMMITTEE 2. Committee Name	TE BARBARA	A ZIARRO
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 regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 3/28/09  Name & Address:  JUNCEVIC DINO  52756 BLUERIDE DR	s 200°°	- date of receipty
5 HECBY TWP 48316 5. If over \$100.00 cumulative, please provide: The WTICA VDYK	· · · · · · · · · · · · · · · · · · ·	\$
5. If over \$100.00 cumulative, please provide:  Occupation BUSNISMAN Employer SELF EMB TOWING  43500 (HICA P) CH	Click Here for	or Memo Itemization
Business Address 43500 UTICA RD 5.4.		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 3/27/09		
Name & Address  KALAUDJIAN ARMENAG		
Name & Address KALAY DJIAN ARMENAG 845 ORCHARD PIDGE	s 700 °D	4
BLOOMFIRD ME 48304	<u> </u>	Ψ
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation BUSINESMAN Employer SELF		
Business Address 33600 MOUND 54.		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 3/29/09  Name & Address:  90601E SUE 35571 DRAKE DR 5. H. 48310	\$ 100°°	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation XETIRED Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 3/27/09  LEPINE JOAN 14732 HOWE II CT  STERLING HITS	\$ 100°C	\$
5. If over \$100.00 cumulative, please provide:		
Occupation Employer	Click Here for	Memo Itemization
Business Address		
	2 ///	1
Page Subtotal	600	-
Grand Total of All Schedules 1A (Complete on last page of Schedule)		_
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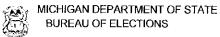


1. Committee I.D. Number 00/36969-50

CANDIDATE COMMITTEE 2. Committee Name	E BARBARA	A ELARKO
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 regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 4/1/09  Name & Address:    MUELLER   MET	\$ <u>/5</u> 7 <sup>(2)</sup> Click Here f	or Memo Itemization
Type of Contribution:   Direct   Loan from a person   Fund Raiser    3. Contribution #2   PAC Receipt?   YES   4. Date of Receipt   3/30/09    Name & Address   Fund Raiser    43560 MEADOWS   CT    CLUNTON TWP    5. If over \$100.00 cumulative, please provide:    Occupation   Employer    Business Address   Fund Raiser    Type of Contribution:   Direct   Loan from a person   Fund Raiser    Fund R	\$ 60°C	sor Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser  3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 3/31/09  Name & Address:  MACONE TIM  14708 CARMEL  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	\$ 60 °C) Click Here fo	. \$r Memo Itemization
S. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 3/29/09  Name & Address  SHANK RANDY  407/5 GUCLIVE  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	\$ 65 ce Click Here fo	\$r Memo Itemization
Page Subtotal	330 <sup>60</sup>	

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Grand Total of All Schedules 1A (Complete on last page of Schedule)



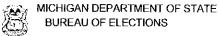
1. Committee I.D. Number 00136969-50

CANDIDATE COMMITTEE 2. Committee Name	TE BARBARA	A ZIARRO
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 regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 3/29/09  Name & Address:  WARHUAK HARM  155 SHAGBARK DC  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser  3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 3/27/09	s <u>(6</u> 0 <sup>cr)</sup> Click Here fo	\$r Memo Itemization
Name & Address  OEHMKE WAYNE  17610 ZIMILE RD  MALOMB MT 480 44  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address  Type of Contribution: Direct Loan from a person X Fund Raiser	\$ 60 ce Click Here for	\$ Memo Itemization
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 4/2/09  Name & Address:  ACCISON VALIENA  102 TECHORD 48098  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address Type of Contribution: Direct Loan from a person Fund Raiser	\$ 60 °C Click Here for	\$ Memo Itemization
8. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 3/31/09 Name & Address    Standard   Dolv		\$ Memo Itemization
Page Subtotal  Grand Total of All Schedules 1A	2400	

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### ITEMIZED CONTRIBUTIONS SCHEDULE 1A

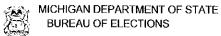
#### CANDIDATE COMMITTEE

1. Committee I.D. Number 00/36969-50

. Committee Name	CTE BARBARA A ZIARKO	

line 3a of Summary

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 regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 4/6/69  Name & Address:  CIPICA NO SAM  5547 CrystaL 4/8094  5. If over \$100.00 cumulative, please provide:  Occupation	\$ 60 CV Click Here fo	\$or Memo Itemization
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	·	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 4/7/09 Name & Address  ANCHEWS CLARK  53985 SUTHERIANOLN  SHELBY TWP 483/6  5. If over \$100.00 cumulative, please provide:	\$ 60 ad Click Here fo	\$r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 4/1/09 Name & Address:  LUND QUIST MICHELE  39526 MACOMBER ST  LARDE SON TUP 46045  5. If over \$100.00 cumulative, please provide:	\$ 60 ce Click Here for	\$ Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	W	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 3/29/09 Name & Address  LEARY GIENRINA  17259 AGUSTA  MACOMB 45042	\$ 120°CU	\$
5. If over \$100.00 cumulative, please provide:	O	
Occupation ENGINEER Employer CARYSLER	Click Here for	Memo Itemization
Business Address SOO CWMS IER DR. AUBURN HILLS Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	3000	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		-
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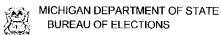
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### **ITEMIZED CONTRIBUTIONS SCHEDULE 1A**

1. Committee I.D. Number <u>00136969-50</u>

line 3a of Summary

CANDIDATE COMMITTEE 2. Committee Name 2/	C LAKKBAILA .	r tiakko
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 regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 4/1/09 Name & Address: CINDY 3233 NELDER  5. If over \$100.00 cumulative, please provide: Occupation HOMEMAKER Employer  Business Address SAME AS ABOVE	\$ /20 <sup>©</sup> Click Here fo	\$ or Memo Itemization
Type of Contribution: Direct Loan from a person A Fund Raiser  3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 3/29/09  Name & Address  BOCOGNA JOHN  19135 SAXON DR  5. If over \$100.00 cumulative, please provide:  Occupation BUSINGSMAN Employer  Business Address  AME AS ABOVE	\$ /20 cw Click Here fo	\$ or Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser		
A. Contribution # 3  PAC Receipt?  YES  4. Date of Receipt  3/26/09  Name & Address:  FROUNG CAROUE  37/5 /5 MILE RD  5. If over \$100.00 cumulative, please provide:  Occupation HOMENIKEL Employer NOVE  Business Address  Type of Contribution:  Direct Loan from a person Fund Raiser	\$ <u>/20-co</u> Click Here for	\$ Memo Itemization
Contribution # 4 PAC Receipt? YES 4. Date of Receipt 3/27/09  Name & Address  OLIVER MARLENE  3492 Sutton PL  5. If over \$100.00 cumulative, please provide:  Occupation ETIRED Employer  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		\$ Memo Itemization
Page Subtotal  Grand Total of All Schedules 1A (Complete on last page of Schedule)	480 *** Enter this total on	



#### CANDIDATE COMMITTEE

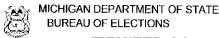
1. Committee I.D. Number 00136969-50

	= -	17
2. Committee Name	CTE BARBARA	H TIARKO

2. Committee Name	- 1011100111011	11 2/42-0
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 regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 3/29 PAC Name & Address:    ADTKE JERUME   3/29 PAC Name & Address:   3/2	s 120 $\omega$ Click Here fo	\$ or Memo Itemization
ANARDEUT LOPE THA  AZZ PARK (AND CT  For \$100.00 cumulative, please provide:  Occupation Receipt A 1/09  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	\$ 170 cu) Click Here for	\$r Memo Itemization
Address:  PAC Receipt? YES 4. Date of Receipt 3/3/09  Name & Address:  PAHABSKI JETH  3210 FARMDAIE  5. If over \$100.00 cumulative, please provide:  Occupation AtoRNE Employer Ole ICO  Business Address 12900 MACC S. 4  Type of Contribution: Direct Loan from a person Fund Raiser	\$ /20.46 Click Here for	\$ Memo Itemization
S. Contribution # 4 PAC Receipt? YES 4. Date of Receipt  SID # NEW ISRADFULD  S. If over \$100.00 cumulative, please provide:  Occupation   Employer   FILE FIGHTER  Business Address    Type of Contribution: Direct   Loan from a person   Fund Raiser		\$ Memo Itemization
Page Subtotal  Grand Total of All Schedules 1A	4800	

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(Complete on last page of Schedule)



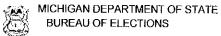
1. Committee I.D. Number <u>30136969-50</u>

2. Committee Name CTE BARBARA A ZIARKO CANDIDATE COMMITTEE Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount 7. Cumulative for middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Election Cycle for Each Committee (PAC) Report all contributions regardless of amount. Contributor (Through date of receipt) 3. Contribution # 1 PAC Receipt? Name & Address: STYPSON CHRIS 14436 ED SHIRE \$ 2000 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation \_\_\_\_\_ Employer\_ Business Address Type of Contribution: Loan from a person **Fund Raiser** 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt PO BOX 546 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Employer 514POA - PAC Occupation \_ Business Address Type of Contribution: Direct Loan from a person Fund Raiser PAC Receipt? YES 3. Contribution # 3 4. Date of Receipt Name & Address: TROWN ROB 14300, 15 MICE Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide Occupation Employer Business Address Type of Contribution: Loan from a person Fund Raiser 3. Contribution # 4 YES 4. Date of Receipt Name & Address 43173 FURTNER 5. If over \$100.00 cumulative, please provide Click Here for Memo Itemization Occupation Employer \_ **Business Address** Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal

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Grand Total of All Schedules 1A (Complete on last page of Schedule)

edules 1A



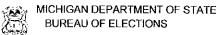
1. Committee I.D. Number <u>60/36969-50</u>

SCHEDULE 1A 1. Committee I.D. Number	00136769-30
CANDIDATE COMMITTEE 2. Committee Name	TE BARBARA A ZIARKO
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 regardless of amount.	6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 3/26/09  Name & Address:  CACA HERA MIKE  36900 SCHOEN HERE  544312  5. If over \$100.00 cumulative, please provide:	\$ 60 °C S Click Here for Memo Itemization
Occupation Employer	Click Here for wietho flethization
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	
A. Contribution #2 PAC Receipt? YES  4. Date of Receipt  3/30/09  AMNCINI  6850 /9 MICE  5 H. 483/4  5. If over \$100.00 cumulative, please provide:  Occupation 5/5 // 3 MA /V Employer 5 EC F  Business Address  6850 /9 MICE  Type of Contribution: Direct Loan from a person Fund Raiser	\$\$S Click Here for Memo Itemization
Accontribution #3 PAC Receipt? YES 4. Date of Receipt 4/6/09  Hame & Address:  ACCONTRIBUTION #3 PAC Receipt? YES 4. Date of Receipt 4/6/09  ACCONTRIBUTION #3 PAC RECEIPT #4/6/09  ACCONTRIBUTION #3 PAC RECEIPT #4/6/09  ACCONTRIBUTION #3 PAC RECEIPT #4/6/09  ACCONTRIBUTION #4/6/	\$ /70 and \$SClick Here for Memo Itemization
Contribution #4 PAC Receipt? YES 4. Date of Receipt 3/30/09 lame & Address  Scott ARRY  12 900 MRW RD  S. If over \$100.00 cumulative, please provide:  Occupation ARRY  Employer DRE1/14	\$ 120 & \$ Click Here for Memo Itemization
Business Address / Loan from a person Fund Raiser	
Page Subtotal	12000

Grand Total of All Schedules 1A (Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

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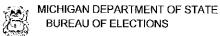


1. Committee I.D. Number 00/36969-50

2. Committee Name CTE BARCARA A ZIARKO **CANDIDATE COMMITTEE** Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount 7. Cumulative for middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Election Cycle for Each Committee (PAC) Report all contributions regardless of amount. Contributor (Through date of receipt) 3. Contribution # 1 PAC Receipt? 4. Date of Receipt Name & Address: THOMAS DELORES 60cl MT CLEMENS 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation \_\_\_\_\_ Employer\_ Business Address Type of Contribution: Loan from a person Direct Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address KENDRO COLLEEN 38759 Cottonwood 5. If over \$100.00 cumulative, please provide Click Here for Memo Itemization Employer\_ Occupation\_ Business Address Direct Type of Contribution: Loan from a person Fund Raiser Address: 4. Date of Receipt 3/25/09 STERUNG HEIGHTS FIRE FIGHTERS UNION PAC Receipt? YES 3. Contribution #3 Name & Address: LOCAL 1557 5.H. 48311 Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Employer\_SHFFU-PAC Occupation\_ Business Address Type of Contribution: Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? 4. Date of Receipt Name & Address OLMEDA GERALDO 73ZOT PLAYVIEW 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization AME Business Address Type of Contribution: Direct Loan from a person Fund Raiser 45000 Page Subtotal

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Grand Total of All Schedules 1A (Complete on last page of Schedule)

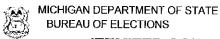


1. Committee I.D. Number 00 136 96 9-50

CANDIDATE COMMITTEE 2. Committee Name	TE BARBARI	A Linero
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 regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 4/7/09  Name & Address:  LUCH SUE  347 PINE RIDGE	\$ 120°W	· · · · · · · · · · · · · · · · · · ·
BLOOM FIELD HILLS MT 48304  5. If over \$100.00 cumulative, please provide:	\$120	\$
Occupation DEVELOPER Employer SELF	Click Here t	for Memo Itemization
Business Address SAME AS ABOVE		
Type of Contribution: Direct Loan from a person Fund Raiser		<b></b>
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 4/16/09 Name & Address  ANGELO JOE		
7659 AUBURN RD	\$ 200 W	_ \$
5. If over \$100.00 cumulative, please provide:		or Memo Itemization
Occupation DEVELOPER Employer SELF		
Business Address SAME AS ABOVE		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 4/16/09 Name & Address: BURNS BOB 35740 GEORGE TOWN SH 48312	\$ 2500	. \$
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 4/16/09  Name & Address  GIELEG HEM PAUL		
38134 SARNETTE	\$ 5000	\$
5. If over \$100.00 cumulative, please provide:	<b></b>	
Occupation Employer	Click Here to	r Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	3950	
Grand Total of All Schedules 1A		

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line 3a of



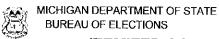
#### CANDIDATE COMMITTEE

1. Committee I.D. Number <u>CO5136969-50</u>

2. Committee Name CTEBARBARA A ZIARRO

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 regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 4/14/09  Name & Address:  State By Twp 48313  State By Tw	\$ 60 00 Click Here fo	\$or Memo Itemization
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 4/8/69  Name & Address  A KIDORA RICHARD  2/44 FOREST MEAD  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address	\$ 60°C Click Here fo	\$r Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 Name & Address:  PARKER SEORGE  13 899 Bloud NAM  5. H 483/2—  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address Direct Loan from a person Fund Raiser	\$ 50 °°° Click Here for	\$ Memo Itemization
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 4909  Name & Address  LOMBARDO SAM  4922 VISTA CT  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	\$ 2500 Click Here for	\$ Memo Itemization
Page Subtotal  Grand Total of All Schedules 1A  (Complete on last page of Schedule)	Enter this total on	

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1. Committee I.D. Number <u>60136969-50</u>

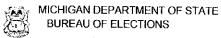
CANDIDATE COMMITTEE 2. Committee Name C	TE BARBAR	A A EIARKO
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 4/9/04  Name & Address:  RAGO STEVEN DDS  TO 96 S CENTRAL PARK  SHECBY  5. If over \$100.00 cumulative, please provide:  Occupation Employer	\$Click Here fo	\$or Memo Itemization
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 4/9/09  Name & Address  BRICE TIM    201 Trow BRIDE    3. Discount Field   YES   4. Date of Receipt 4/9/09    4/9/09    5. If over \$100.00 cumulative, please provide:    Occupation	\$ 60 ad Click Here fo	\$r Memo Itemization
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 4/7/09  Name & Address:    ANTOINE	\$ 120 °° Click Here for	\$ Memo Itemization
Address  PAC Receipt? YES 4. Date of Receipt 4/13/09  Name & Address  POBOX 625  SH 4831/  5. If over \$100.00 cumulative, please provide:  Occupation  Employer SHPCOA - PAC  Business Address  SAME AS ABOVE  Type of Contribution: Direct Loan from a person Fund Raiser	\$ 120 °V Click Here for	\$ Memo Itemization
Page Subtotal	3100	

Grand Total of All Schedules 1A (Complete on last page of Schedule)

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Enter this total on line 3a of Summary Page.

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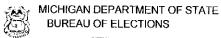
#### CANDIDATE COMMITTEE

1. Committee I.D. Number 00/36969-50
2. Committee Name CTE BARBARA A ZIARKO

2. Sommittee Hame	- 10-	
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 regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 4 9 09  Name & Address:  WMI PAC OF MICH  48797 ALPHA DL  WIXOM MI 48393  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address SAME AS ABOVE  Type of Contribution: Direct Loan from a person Fund Raiser	\$ 200 ac Click Here fo	\$or Memo Itemization
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 4/10/09  Name & Address  MARTIN VIC  349// VAN DYKE  5+4 483/2  5. If over \$100.00 cumulative, please provide:	s 50 ee Click Here fo	\$r Memo Itemization
Occupation Employer Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt  VARIABLE CHARLES  12900-HALL RD  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	\$ 60 °CV Click Here for	\$ Memo Itemization
A Contribution # 4 PAC Receipt? YES 4. Date of Receipt 4/7/09  SUASTECCO THOMAS  300 PARK St  SUBSTECCO THOMAS  300 PARK St  SUBSTECCO THOMAS  Cocupation DEVELOPER Employer SELF  Business Address SAME AS ABOVE  Type of Contribution: Direct Loan from a person Fund Raiser		\$ Memo Itemization
Page Subtotal  Grand Total of All Schedules 1A (Complete on last page of Schedule)	430 Enter this total on	

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line 3a of Summary Page.



### CANDIDATE COMMITTEE

1. Committee I.D. Number <u>00136769-50</u>
2. Committee Name <u>275 BARCARA A FIRRA</u>

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 regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 8/29/09 Name & Address:  KUK JOHN 43173 FORTNER 5. H 48313	s 50°0	\$ 1000
5. If over \$100.00 cumulative, please provide:		
Occupation Employer	Click Here for	or Memo Itemization
Business Address		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9/23/06		
Name & Address SCAMIDT		
35755 WOODOW/ A MOVED 54 4/83/2- MOVED	<b>\$</b>	\$
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 9/21/09 Name & Address: 4. Date of Receipt 9/21/09	·	
8000 E JEKHERSON	\$ 500°	•
DETROIT MI 48214		\$
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person X Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt		
	\$	\$
5. If over \$100.00 cumulative, please provide:	OB-LAN C	
Occupation Employer	Click Here for	Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	.550°	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	

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### ITEMIZED OTHER RECEIPTS SCHEDULE 1A-1

#### **CANDIDATE COMMITTEE**

1. Committee I.D. Number 00136969-50

		2. Committee Name CTE Barbara A. Ziarko
3. Name & Address From Whom Receive	d 4. Date of Receipt	5. Type of Receipt 6. Amount
Receipt #1 Name & Address:	Date of Receipt 09/23/09	Loan from a Lending Institution
Maria Schmidt		Interest
35755 Woodvilla		Refund \Rebate Memo Itemizaton Below
Sterling Heights, MI 48312	Fund Raiser	Other (Specify) AD FOR JACS
Receipt #2 Name & Address:	Date of Receipt	Loan from a Lending Institution
Name & Address.		Interest \$
		<u> </u>
		Refund \Rebate Click for Memo Itemization Type
	Fund Raiser	Other (Specify)
Receipt #3 Name & Address:	Date of Receipt	Loan from a Lending Institution
		Interest \$
		Refund \Rebate Click for Memo Itemization Type
	□ e . (p.)	Other (Specify)
Receipt #4	L Fund Raiser Date of Receipt	
Name & Address:		Loan from a Lending Institution
		Interest
		Refund \Rebate Click for Memo !ternization Type
	Fund Raiser	Other (Specify)
Receipt #5 Name & Address:	Date of Receipt	Loan from a Lending Institution
		Interest \$
		Refund \Rebate Click for Memo Itemization Type
	Fund Raiser	Other (Specify)
Receipt #6	Date of Receipt	Loan from a Lending Institution
Name & Address:		
		Interest
		Refund \Rebate Click for Memo Itemization Type
	Fund Raiser	Other (Specify)
Receipt #7 [ Name & Address:	Date of Receipt	Loan from a Lending Institution
Name & Address.		\$
		Interest
		Refund \Rebate Click for Memo Itemization Type
	Fund Raiser	Other (Specify)
		Page Subtotal 25.00
		Grand Total of All Schedules 1A -1
(Complete on last page of Schedule)		

Enter this total on line 4 of Summary Page

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#### **ITEMIZED EXPENDITURES SCHEDULE 1B** CANDIDATE COMMITTEE

1. Committee I. D. Number 00/36969-50
2. Committee Name CTE BARBARA A FIARKO

	ommittee Name _ C/ C / C/ / C/ / C/ / C/ / C/ / C/ /	12 610	
Name and address of person or vendor to whom paid	Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			· · · · · · · · · · · · · · · · · · ·
Name S. H. FIREFIGHTERS	, .	3/2/09	\$ 10000
Address Po Box 308	Purpose: PANNER - CHARITY	Date	100
STERLING HITS ME	EVENT Click H	lere for Memo	Itemization Type
₩ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name TRIANGLE PRINTING	Purpose: PRINTING - INVITATION	3/12/09	\$ 240.62
Address 30520 GRATIOT AVE	Purpose: MANTING - INVITATION	\$ <b>~</b>	
ROSEVILLE NI	Click H	ere for Memo	Itemization Type
48066 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name POSMASTER STERLING HITS POST OFFICE Address	Purpose: POSTACE - STAMPS	3/11/09 Date	\$ <u>/3/.60</u>
METPO PARKWAY			
4831/	Click He	ere for Memo	temization Type
\	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name FLOWER FACTORY Address 45760 UTICA PARK BOUD	Purpose: <u>CENTERPIECES</u>	3/20/09 Date	\$ 41.11
UTICA, MI	Click He	ere for Memo	temization Type
48315	Charlet with a sure of the second state of the		
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name MICKEY SWITACSKI		3/21/2	
Name MICKEY SwiTACSKI Address 31412 GAY DR ROSEVILLE MA 48066	Purpose: FUND RAISER	3/2/ <i>/0</i> 9 Date	\$ <u>50.00</u>
KOSEVILLE PH	Click He	ere for Memo	temization Type
48066 X Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous		
(1) I did izaisei	statement		
	Subtota	al this page	100

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



# ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number <u>60136969-50</u>

2. Committee Name	CTE	BARBARA	A	ZIARKO

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name MEIJER		1 /	
Name / // / / / /	İ	4/76/00	,
•		7151107	\$ 103.54
Address 36600 VAN DYKE	Purpose: INGREDIENTS FOR	Date	
riddiess 56600 Mile 0735	· · · · · · · · · · · · · · · · · · ·		
STERLING Hats MI	PIEROSI		
3/2/00/13 Ay	Click F	Here for Memo Ite	emization Type
48312	<sub> </sub>		
7031-	Check box if this expenditure is payment of		
[57]- · · · ·	debt or obligation reported on previous		
X Fund Raiser	statement		
Expenditure #2	olutomen		
ZAPONANO NZ			
Name 6FS		. 1 1	
Tunio G7 G		4/29/09	
		4/29/09 Date	\$ 30.59
Address - a 3 = May 14/54/TIAN DR.	Purpose: FOOD - FUNDRAISER	Date	
Address 2835 CONVENTION DR	Purpose: FOOLS - FONDKAISEK		
1.10= F.1 11T			
WARREN MI	Click H	lere for Memo Ite	emization Type
114000			
48092	Check box if this expenditure is payment of		
·	1 []		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #3			
Name FLOWER BARK			
Name FLOWER DAKEN		11	
		5/3/09	\$ 76.32
Address Ma Ma Do	Lange da	Data	16.5
Address 14860 HALL RA	Purpose: FLOWERS FOR	Date	-
11 11	CENTERPIECES		
STERLING HIS NAT	Click H	ere for Memo Ite	mization Type
		ore recommende	incation Type
<u> </u>	Check box if this expenditure is payment of		ļ
	debt or obligation reported on previous		
Y Fund Raiser	statement		
Expenditure #4		<del></del> -	
Expenditure #4 Name MARIA SCHMIDT			
Name /VIAICITA SCATA			
		Florelac	4 -
Address 35755 WOOD VILLA		2/25/09	\$ 47.00
Address 3.5755 WOODV/CCA	Purpose: CANDY - PARADE	Date	
. 1/	Purpose: CANOG TARADE		
STERLING HITS MI	/		
10317	Click He	ere for Memo Ite	mization Tuno
48312		STO TOT THISTING FIG.	inzanon iype
	Check box if this expenditure is payment of		1
<del></del> -	debt or obligation reported on previous		1
Fund Raiser	statement		
	out.o		
Expenditure #5			
Name APCC		3	ļ
· · ·		1/21/-	İ
		124/09	e innoe
Address 33204 NIAPLE LANE	Purpose: BANNER	Date	* 100-
11 11 11	i diposo, e	==	
CTERLING AGTS MIL			
16217	Click He	ere for Memo Ite	mization Type
Address 33204 MAPLE LANE STERLING HATS MI 48312.	Check box if this expenditure is payment of		
<del>1 /</del>	debt or obligation reported on previous		1
Fund Raiser	statement		
	VIOLOTIOIR	<del></del>	
	Subtota	al this page	2000 11
	Subion		35 2,451
	Crond Total of all O	1-	
	Grand Total of all Si		

Enter this total on line 8a of Summary Page

Page 2 of 4



# SCHEDULE 1B CANDIDATE COMMITTEE

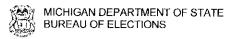
1. Committee I. D. Number <u>00/36969-50</u>

2. Committee Name	CTE	BARBARA	A	ZIARKO	

	committee Name		
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1		, ,	
Name JENNI FEL HASSE		8/29/00	· 27) 1711
Address 34886 MAPIEWERD	Purpose: FUNDLAISER_	Date	\$ 30.00
RICHMOND MI		Here for Memo It	omization Type
48062		Tele lui monio	emzauon rypo
$\Delta \Delta$	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2			
Name RTE BENJAMIN ANCONA		9/2/09	17.00
	Purpose: FUNDLAISER	9/2/09 Date	\$ 50
Address 12433 STARLITE CT	Purpose: JUNDEAISEIC	Dato	
SH. 48312	Click F	Here for Memo Ite	omization Type
2 M, 100		TOTO TOT INTO THE	silization Type
1	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name ITACIAN AMERICAN CULTURAC		01.1.	
CENTER	FUTALISM NEWSPAPER	9/18/09	\$ 75,00
Address 43543 ROMEO PLANK	Purpose: AD	Date	<del>- 4</del>
	Click H	tern for Momo Ite	-i-stinn Tuna
48038		lere for Memo Ite	этиганол туре
<b>—</b>	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4		. ,	
Name AMERICAN GRADHICS		@/211/10	4-16
Address 34895 GRUESBECK	Purpose: PRINTING - POSTIARIES	T/LUI/UT	\$ 1445401
<del>-</del>	Purpose: TRINTING TOSTIARDS	Date	<del></del>
CCINTON TWP			
48035	Ulick Hi	tere for Memo Ite	mization Type
· · · ·	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name EARS FIREY O Address / 3805 DEEE (WOOD CT	_	-1.1.	
DEEDWOOD CT	SOFT WARE FOR	9/18/19	\$ 11540
Address / 5805 December 1	Purpose: CAMPRICH CTX/	Date /	110010
48316	Click H	lere for Memo Ite	i-ation Tunn
	Click H	lete tot wieme no	mizauon rype
Fund Raiser	debt or obligation reported on previous		
L Fund Raisei	statement	<del></del>	
	Subtot	tal this page	438,80
	Grand Total of all S	Schedules 1B	700
	(Complete on last page		

Enter this total on line 8a of Summary Page

Page 3 of 4



# SCHEDULE 1B

1. Committee I. D. Number 00136969-50

CANDIDATE COMMITTEE 2. Committee Name CTE BARBARA A EIARKO				
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount	
Expenditure #1  Name ANEMCAN GRAPHICS  Address 30/895 GROESBECK  CONTON TOP	Purpose: PRINTING (AMPRICH)  LH Click He	7/25/09 Date	\$ St. Z. S	- 1
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		,	
Expenditure #2  Name ()   6, K/EUSSPHPE//S  Address	SOURCE NEWSPORT	Date	9 = 4/4.	00
Fund Raiser	Click He Check box if this expenditure is payment of debt or obligation reported on previous statement	ere for Memo	Itemization Type	
Expenditure #3 Name ANANHATTAN MARILERS Address 61132 MILLAND MACOME 45042	Purpose: <u>ETT MINIUNG</u>	0/2/09 Date	\$ <u>795</u> 1	ij
Fund Raiser	Click He Check box if this expenditure is payment of debt or obligation reported on previous statement	re for Memo	Itemization Type	
Expenditure #4  Name FBSTMASTER  Address SH POST OFFICE  METRO PARKWRY	Purpose: 375111 123 - 7 103 1(416.12)	0/9/03 Date		10
∠/83// □Fund Raiser	Click Hei Check box if this expenditure is payment of debt or obligation reported on previous statement	re for Memo I	Itemization Type	
Expenditure #5 Name				
Address  Fund Raiser	Purpose:  Click He Check box if this expenditure is payment of debt or obligation reported on previous statement	Date re for Memo I	\$	-
			2183.98	8
	(Complete on last page of	i Jonicourc)		

Enter this total on line 8a of Summary Page

Page \_\_\_\_\_\_of \_\_\_\_



### **DEBTS AND OBLIGATIONS SCHEDULE 1E**

1. Committee I.D. Number 00136969-50

<b>CANDID</b>	ATE	COMN	IIT.	TEE
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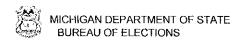
2. Committee Name CTE BALBARA A ZIARKO

CANDIDATE CONNINTTIEE				
This Schedule itemizes:	<b>*</b>			
aDebts and obligations owed <u>by</u> or forgiven the com (Che	nmittee <b>OR</b> b. 🔀 Debt ck either a or b. Use only for the pu	is and obligations owed <u>to</u> or urpose checked.)	forgiven by the cor	nmittee.
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 (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? Yes Owed to or by:	4. Type: <u>LOAN</u>	\$		
TOMMY EIREKO	5. Date Debt Was Incurred:	\$		
13805 DEERICOD CT	2/18/05	s		/4 7 6 6 6
S.H MI	6. Original Amount of Debt	\$	\$ <u>\$</u>	\$ <u>/000.00</u>
48312	\$ 1000.00			FORGIVEN
If bank loan, name of endorser or guarantor:		\$Amo	ount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by:	4. Type: <u>LOAN</u>	\$		
TOMMY ZIARKO	5. Date Debt Was Incurred:	\$		
12 MT DEEPWOOD CT	7/1/01			1/06 00
5.4 48312	6. Original Amount of Debt:	\$	\$ _ <i>D</i>	\$ <u>  1100.00</u>
	\$ 1100.00			FORGIVEN
If bank loan, name of endorser or guarantor:		\$	ount Endorsed: \$	
Debt #3 Corp? Yes	[ / m // s ]		ount chaorsea. φ_	
Owed to or by:	4. Type: <u>LOAN</u>	<u> </u>		
TOMMY ZIARKO	5. Date Debt Was Incurred:	\$		
13805 DEEPWERD CT	6. Original Amount of Debt:	<u> </u>	· 6	s 900.00
S. H. 48312	s 900.00	\$	\$	
	<u> </u>	\$		FORGIVEN
If bank loan, name of endorser or guarantor:		Am	nount Endorsed: \$_	
		Page Subtotel	(Outstanding debt)	3000.00
			` ĭ ′[	JU19-00
(Cc	amplete on last page of Schedule s	Grand Total o o ved by otherwise new private	of all Schedules 1E	ļ

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.

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

Page 1 of 2



### **DEBTS AND OBLIGATIONS**

**SCHEDULE 1E** CANDIDATE COMMITTEE

1. Committee I.D. Number 00/36969-50

2. Committee Name CTE BARBARA A FIARKO

OANDIDATE OOMINITEE				
This Schedule itemizes:				
	ck either a or b. Use only for the pu	s and obligations owed <u>to</u> or irpose checked.)	forgiven <u>by</u> the cor	nmittee.
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 (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? Yes Owed to or by: TBARBARA A EIARKO 13805 DEEPacoo Ct SU. 4831Z	4. Type: LOAN  5. Date Debt Was Incurred:  5/2005  6. Original Amount of Debt:  \$ 600.00	\$ \$ \$ \$	\$_ <i>\(\beta\)</i>	\$ <b>600.00</b>
If bank loan, name of endorser or guarantor:		Amo	ount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by:	4. Type:  5. <u>Date Debt Was Incurred</u> :  6. Original Amount of Debt:	\$ \$		ď
If bank loan, name of endorser or guarantor:	\$	\$\$	ount Endorsed: \$	FORGIVEN
Debt #3 Corp? Yes			ount Endoised, \$_	
Owed to or by:	4. Type: 5. Date Debt Was Incurred:	\$\$		
	6. Original Amount of Debt:	\$ \$	\$	\$FORGIVEN
If hank loop, some of orderon or augrenter.			and Frederical C	
If bank loan, name of endorser or guarantor:		An	nount Endorsed: \$_	
		Page Subtotal	(Outstanding debt)	
		Crond Total	of all Cabadulas 1E	1 21 (0)

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

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.

by"" or line 12b "owed to" of the Summary Page

Page Z of Z