



**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>10/19/09</u> to <u>11/23/09</u>	
1. Committee I.D. Number 00136969-50	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 Macomb
2. Committee Name CTE Barbara A. Ziarko	6. Treasurer's Name & Residential Address Tommy Ziarko 13805 Deepwood Court Sterling Heights, MI 48312 Area Code & Phone (586) 939-0332
5. Committee's Mailing Address 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 mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) Tommy Ziarko Area Code and Phone (586) 939-0332
7. Treasurer's Business Address 13805 Deepwood Court Sterling Heights, MI 48312 Area Code and Phone (586) 939-0332	
9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input checked="" 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 <u>11/03/09</u>	
9c. <input type="checkbox"/> Annual Statement (_____ Coverage Year) 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e. <input type="checkbox"/> 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 Type or Print Name <i>Tommy Ziarko</i> Signature Date <u>11/23/09</u>	
Candidate Barbara A. Ziarko Type or Print Name <i>Barbara Ziarko</i> Signature Date <u>11-23-09</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 00136969-50

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE BARBARA A ZIARKO

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
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.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>25.00</u>	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>25.00</u>	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>Ø</u>	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>Ø</u>	(22.) \$
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>3077.44</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>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>3077.44</u>	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>Ø</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>Ø</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>Ø</u>	(24.) \$
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>3600.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$		
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>6294.32</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>25.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>6319.32</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>3077.44</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>3241.88</u>	



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 Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: <u>DEANNA KOSKI</u> <u>15079 HARVEST MEADOWS</u> <u>S.W. 48313</u>	Date of Receipt <u>10/20/09</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Other (Specify) <u>IACS AD</u>	 \$ <u>25.00</u> Click for Memo Itemization Type
Receipt #2 Name & Address:	Date of Receipt	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify)	 \$ Click for Memo Itemization Type
Receipt #3 Name & Address:	Date of Receipt	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify)	 \$ Click for Memo Itemization Type
Receipt #4 Name & Address:	Date of Receipt	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify)	 \$ Click for Memo Itemization Type
Receipt #5 Name & Address:	Date of Receipt	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify)	 \$ Click for Memo Itemization Type
Receipt #6 Name & Address:	Date of Receipt	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify)	 \$ Click for Memo Itemization Type
Receipt #7 Name & Address:	Date of Receipt	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify)	 \$ Click for Memo Itemization Type

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



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>MANHATTAN MAILERS</u> Address <u>34895 51132 MILANO</u> <u>MACOMB 48042</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LT MAILING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/21/09</u> Date	\$ <u>1103.27</u>
Expenditure #2 Name <u>AMERICAN GRAPHICS</u> Address <u>34895 GROESBECK</u> <u>CLINTON TWP</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>HANDOUT PRINTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/28/09</u> Date	\$ <u>105.47</u>
Expenditure #3 Name <u>FENNAS OF STERLING</u> Address <u>36000 VANDYKE</u> <u>S.H.</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/7/09</u> Date	\$ <u>1743.70</u>
Expenditure #4 Name <u>EA GRAPHICS</u> Address <u>40002 PHOENIX</u> <u>S.H.</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>YARD SIGNS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/14/09</u> Date	\$ <u>125.00</u>
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page 3077.44
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 00136969-50

2. Committee Name CTE BARBARA AZIARKO

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 AZIARKO</u> <u>13805 DEERWOOD CT</u> <u>S.H MI</u> <u>48312</u>	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>2/18/05</u> 6. Original Amount of Debt: <u>\$ 1000.00</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>TOMMY AZIARKO</u> <u>13805 DEERWOOD CT</u> <u>S.H 48312</u>	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>7/1/01</u> 6. Original Amount of Debt: <u>\$ 1100.00</u>	\$ \$ \$ \$ \$	\$ <u>0</u>	\$ <u>1100.00</u> <input type="checkbox"/> FORGIVEN
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If bank loan, name of endorser or guarantor: _____

Amount Endorsed: \$ _____

Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: <u>TOMMY AZIARKO</u> <u>13805 DEERWOOD CT</u> <u>S.H 48312</u>	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>4/2003</u> 6. Original Amount of Debt: <u>\$ 900.00</u>	\$ \$ \$ \$ \$	\$ <u>0</u>	\$ <u>900.00</u> <input type="checkbox"/> FORGIVEN
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If bank loan, name of endorser or guarantor: _____

Amount Endorsed: \$ _____

Page Subtotal (Outstanding debt) 3000.00

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 ZIARKO

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 ZIARKO</u> <u>13805 DEEPWOOD CT</u> <u>SH. 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>\$ 600.00</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> _____ \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
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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
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If bank loan, name of endorser or guarantor: _____

Amount Endorsed: \$ _____

Page Subtotal (Outstanding debt) 600⁰⁰

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee) 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.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 00136969-50

2. Committee Name CTE BARBARA A ZIARKO

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>5/06/09</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>70</u>	5. Type of Fund Raising Activity <u>DINNER</u>	6. Address and Name (If any) of the place where the activity was held. <u>PENNAS OF STERLING</u> <u>36800 VANDYKE</u> <input type="checkbox"/> Private Residence
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7. Total Contributions 8495.00

8. Other Receipts 0

9. Gross Receipts (Add lines 7 and 8) 8495.00

10. Total Cost of Event 1743.70

(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.