



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 11/24/09 to 12/31/10

1. Committee I.D. Number

00136969-50

2. Committee Name

CTE Barbara A. Ziarko

4. Candidate Last Name

Ziarko

First Name

Barbara

M.I.

A.

4a. Office Sought including District # or Community Served (if applicable)

Sterling Heights City Council

4b. County of Residence Macomb

5. Committee's Mailing Address

13805 Deepwood Court
Sterling Heights, MI 48312

6. Treasurer's Name & Residential Address

Tommy Ziarko
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.

Area Code & Phone (586) 939-0332

7. Treasurer's Business Address

13805 Deepwood Court
Sterling Heights, MI 48312

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

Area Code and Phone (586) 939-0332

9. TYPE OF STATEMENT

9a. ☐ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☐ Primary ☐ General
☐ Convention ☐ School
☐ Special ☐ Caucus

Date of Election, Convention or Caucus

9c. ☐ Annual Statement (2010 Coverage Year)

9d. ☒ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper Tommy Ziarko

Type or Print Name

Signature

Date

1/19/11

Candidate Barbara A. Ziarko

Type or Print Name

Signature

Date

1-19-11



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number

00136969-50

2. Committee Name

CTE BARBARA A ZARKO

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #2 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #3 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name <u>MARIA SEAMLOT</u> Address <u>35755 WOODVILLE</u> <u>SH. 48312</u> <u>PURCHASED AT : SAMS CLUB</u> <input type="checkbox"/> Fund Raiser <u>45600 LITICA PK BLVD</u> <u>LITICA 48315</u>	Purpose: <u>CANDY FOR PARADE</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>5/27/10</u> Date	\$ <u>62.14</u>

Subtotal this page

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

Enter this total
on line 8a of
Summary Page