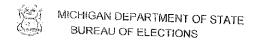
## CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

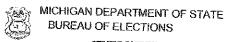
Report must be legible, byned as printed in ink and a	A			
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement covers From: 10/24/11 10 11/28/11			
1. Committee I.D. Number	4. Candidate Last Name			
00136969-50	Ziarko Barbara A.			
2. Committee Name	4a. Office Sought Including District # or Community Served (if applicable)			
CTE Barbara A. Ziarko	Sterling Heights City Council			
5. Committee's Mailing Address	4b. County of Residence Macomb			
13805 Deepwood Court	6. Treasurer's Name & Residential Address			
Sterling Heights, MI 48312	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	8. Designated Record keeper's Name and Mailing Add. 77.			
13805 Deepwood Court	8. Designated Record keeper's Name and Mailing Address the committee has a Designated Record keeper)			
Sterling Heights, MI 48312	Tommy Ziarko  CONB CONTY  CERTIFICATION  FILED			
Area Code and Phone (586) 939-0332	Area Code and Phone (586) 939-0332			
9. Type of Statement	Area Code and Phone (500) 939-0332 Sinc C			
	-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 Sen	eral 9e. Dissolution of Candidate Committee			
Convention Sch	ool Effective Date of Dissolution			
Special				
Date of Election, Convention or Caucus	By checking this item, IIWe certify that the committee has no assets or outstanding debts, including late filing fees. Further, IIWe 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 School de			
A committee that does not have a Reporting Waiver must file all red Schedules. Direct contributions, in-kind contributions, lea-	Third Committee Summary rage.			
the ming deadline of a required campaign statement the	1B and the Summary Page.  quired Campaign Statements. The Campaign Statements must include all applicable ditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. It is campaign Statement. If a request for a Reporting Waiver is not received on or at campaign statement cannot be waived.			
10. Verification: I/We certify that all reasonable diligence was used in my/our knowledge and belief the contents are true, accurate and con-	at campaign statement cannot be waived.  If the preparation of this statement and attached schedules (if any) and to the best of mplete.			
Current Treasurer or Tommy Ziarko	Temme 2: 6 11.			
Type or Print Name	7 Signature 1 Date 1/29/11			
Candidate Barbara A. Ziarko	Busheral Fraid. 11/201			
Type or Print Name	Signature Date 1/29//			
Authority granted under P.A. 388 of 1976				



SUMMARY PAGE CANDIDATE COMMITTEE

1. Committee I.D. Nu	mber <u>20136 969 33</u>
2. Committee Name	CTE BARRAGE & FRANCE

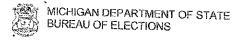
RECEIPTS COMMITTEE	2. Confinitee Name _ CAR PARTY	1121 - 1 3 - 6 1112 E E
3. Contributions	Column I This Period	Column II Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 1000 a	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 10 80.00	
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ B	(18.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5) \$ 1000°C	(19.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-fK, Column 7)	(6.) \$	
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(21.) \$
EXPENDITURES	(1.)	(22.)\$
8. Expenditures		
a. Itemized (Schedule 18, Column 6)	(8a.) \$ 627.30	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Uniternized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 627.30	
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)	(8.) \$	(23.) \$
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	* Andrew Committee Committ
b. Unitemized (less than \$50,01 each - no Schedule)	K	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(10b.) \$	Publication of the Control of the Co
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$	(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.)\$ 3600°	
b. Owed to the Committee (Schedule 1E)		
	(12b.) \$BALANCE STATEMENT	The state of the s
13. Ending Balance of last report filed	(13.) \$1953,97	
(Enter zero if no previous reports have been filed.)  14. Amount received during reporting period  (Line 5. Total Countil at the countil at t	(14.)+\$ 1000.00	
(Line 5, Total Contributions & Other Receipts)	(15.) = \$ 2953.97	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(16.) - \$ 627.30	
17. ENDING BALANCE	(17.) \$ <u>2326.67</u>	
(Subtract line 16 from line 15)	(, *	z.



## ITEMIZED CONTRIBUTIONS SCHEDULE 1A

#### **CANDIDATE COMMITTEE**

	CANDIDATE		2. Committee Name 🔟		A A ZIAUKO
Committee (PAC) F	Report <u>all</u> contributions	regardless of amount.	idual, enter last name, first name, Committee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: CAN	MICHIGAN	YES 4. Date of V-PAC TEHERSON	Receipt 10/27/11		T Gate or receipt)
5. If over \$100.00 c	DET: MI Sumulative, please pr	48214		§ 1000,0	0 8
				Click Here f	or Memo Itemization
Type of Contribution	n: Direct	Loan from a person	Fund Raiser		
3. Contribution #2 Name & Address	PAC Receipt?		the state of the s		
				\$	Ç
5. If over \$100.00 ca	umulative, please pro	ovide:		Click Here fo	or Memo Itemization
		_ Employer			
Business Address					
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
_	imulative, please pro			\$Click Here for	\$ Memo Itemization
Business Address		Employer			
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
Contribution # 4 lame & Address	PAC Receipt?	YES 4. Date of I		and Parketing	
i. If over \$100.00 cu	mulative, please pro	vide:		\$	\$
Occupation				Click Here for	Memo Itemization
Business Address					
Type of Contribution	: Direct	Loan from a person	Fund Raiser		
Page			Page Subtotal Grand Total of All Schedules 1A omplete on last page of Schedule)	1000 co Enter this total on line 3a of Summary	
raye/of/				Page.	



# ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number <u>00/36969-57</u>

3 Name and address of	2. Committee Name CPE DARCEAR	the first mater	12/21/20
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name OFFICE DEPOT		m//	/35
Address 44835 SCHUENHELR. 5.H. 48313	Purpose: ENLECT PER	/ <u>0/                                   </u>	\$ 207.48
5.H. 48313			
	§ ************************************		o Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	î	
Expenditure #2			
Name AMENCAN GRAPHICS		//	
Address 34895 GanesBECK	Purpose: LT- PRINTING	/0/3// // Date	\$ 57.00
CCINTON TWP			
· · ·	Click	Here for Mem	o Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous	f	
Expenditure #3	statement		processor of the second
Name MANNAHAN MAILER		. Last	
Address 57/32 MILAND	Purpose: MAICINGS	1931/11 Date	\$ <u>449.31</u>
MACOMB 4804Z	Click	Here for Memo	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous	•	
Expenditure #4	statement		A N. Control of the C
Name			
	and the second s		
Address	Dumon	Date	\$
	Purpose:		
	Click	Here for Memo	Itemization Type
	Check box if this expenditure is payment of		TOTAL TABLE
Fund Raiser	debt or obligation reported on previous		
Expenditure #5	statement		
Name			7/004
<del></del>	*C 2004		
Address	See Control of the Co	D-1	\$
	Purpose:	Date	
	Click	Here for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous		
	statement		
	Subto	tal this page	12- 72

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

627.30

Enter this total on line 8a of Summary Page



### DEBTS AND OBLIGATIONS SCHEDULE 1F

1. Committee I.D. Number 00/34969-50

	_			
The state of the s	Committee Name	ENREAGE A	ETARALO.	
This Schedule itemizes:		And the second s		
a Debts and obligations owed by or forgiven the con (Che	nmittee OR b. Debi	ts and obligations owed <u>to</u> o	r forgiven <u>by</u> the co	mmittee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed.	4. Type of Obligation	7. Date and amount of	8. Cumulative	100
	(Description) 5. Indicate date debt was	each payment	payment to	Outstanding     Balance at close
Check box to indicate whether debt is owed to an	incurred incurred		date on debt	of this period
incorporated business. If debt is a bank loan, please provide information regarding the endorsers or	6. Indicate original amount			(Item 6 minus
guarantors, if any.	of debt			Item 8)
Debt #1 Corp? Yes				
Owed to or by:	4. Type: 4) AN			
Tonger Elecko				and the second s
1000 My Comment	5. Date Debt Was Incurred:	\$		
13605 DESPUSOO GT	2/15/05			are of the property of
SIL WATE	6. Original Amount of Debt		s <u>#</u>	\$ <u>2000</u> 20
54 MI 48312-	\$ 1000.00	\$	enter esta esta esta esta esta esta esta esta	FORGIVEN
If bank loan, name of endorser or guarantor:				I LIFORGIVEN
		Amo	um: Endorsed: \$ _	
Debt #2 Corp? Yes Owed to or by:	4. Type: 42AX			
	4. Type: 2.207474	\$		Who are with
TOMAN ENRED	5. Date Debt Was Incurred:	8		TO THE PARTY OF TH
1310 DEFENDO G	7/01/01			
cpd, 1441	6. Original Amount of Debt:	\$	s	\$ //00,00
	\$ //00,00	\$	3	* 3
my ED 1 Tem		\$		LIFORGIVEN
If bank loan, name of endorser or guarantor:				
Debt #3 Corp? Yes		Am	ount Endorsed: \$_	2
Owed to or by:	4. Type: <u>LOAX</u>	\$		d the second
TORINY TIME	5. Date Debt Was Incurred:	\$		
13705 DETSPURION GT	4/2002	\$	18	A COLON PARAMETER AND
E. W. M.	6. Original Amount of Debt:		s A	\$ 900.00°
gate W	s 900,00	<u> </u>	¥	,
48312		\$		L FORGIVEN
If bank loan, name of endorser or guarantor:		S	482	
		An	ount Endorsed: \$	
		<b>20</b>	e verification de la constantina della constanti	
		Page Subtotal (	Outstanding debt)	2000,00
(Co	omplete on last page of Schedule sl	Grand Total o	of all Schedules 1E	
	. •	O Otogo wa Ot	~ c.c onwards)	Enter this total
Bellets - 13 in an	•			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.

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

Page / of Z



## DEBTS AND OBLIGATIONS

SCHEDULE 1E CANDIDATE COMMITTEE 2. Committee Name This Schedule itemizes: Debts and obligations owed by or forgiven the committee b. Debts and obligations owed to or forgiven by the committee. OR (Check either a or b. Use only for the purpose checked.) 3. Name and Mailing Address of person, vendor or Type of Obligation financial institution to whom debt is owed. 7. Date and amount of 8. Cumulative 9. Outstanding (Description) each payment Indicate date debt was payment to Balance at close Check box to indicate whether debt is owed to an date on debt of this period incurred incorporated business. If debt is a bank loan, please (Item 8 minus 6. Indicate original amount provide information regarding the endorsers or tiem 8) guarantors, if any. Debt #1 Corp? Owed to or by: 4. Type: 43/4/ BARBARA A BIARKO 5. Date Debt Was Incurred: 12805 DET POLONE CA SH AAT Original Amount of Debt: Simple of BI Emmo FORGIVEN If bank loan, name of endorser or guarantor: Amount Endorsed: \$ Debt #2 Owed to or by: 4. Type:\_ 5. Date Debt Was Incurred: 6. Original Amount of Debt: FORGIVEN if bank loan, name of endorser or guarantor: Amount Endorsed: \$. Debt #3 Yes Corp? Owed to or by: Type: 5. Date Debt Was Incurred. 6. Original Amount of Debt: 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)

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\_\_\_\_\_\_\_of\_\_\_\_\_\_\_