



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:

10/24/11 to 11/28/11

4. Candidate Last Name

First Name

M.I.

Ziarko

Barbara

A.

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

Sterling Heights City Council

4b. County of Residence Macomb

6. Treasurer's Name & Residential Address

Tommy Ziarko

13805 Deepwood Court

Sterling Heights, MI 48312

Area Code & Phone (586) 939-0332

8. Designated Record keeper's Name and Mailing Address (The committee has a Designated Record keeper)

Tommy Ziarko

Area Code and Phone (586) 939-0332

1. Committee I.D. Number

00136969-50

2. Committee Name

CTE Barbara A. Ziarko

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.

7. Treasurer's Business Address

13805 Deepwood Court

Sterling Heights, MI 48312

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

11/8/11

9c. ☐ Annual Statement (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

11/29/11

Candidate

Barbara A. Ziarko

Type or Print Name

Signature

Date

11/29/11



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
CANDIDATE COMMITTEE**

1. Committee I.D. Number 00136969 50

2. Committee Name CTE Barbara A. Ziegler

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>1000.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>1000.00</u>	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>0</u>	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>1000.00</u>	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>0</u>	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>0</u>	(22.) \$
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>627.30</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>0</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>0</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>627.30</u>	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>0</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>0</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>0</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>1953.97</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>1000.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>2953.97</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>627.30</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>2326.67</u>	



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

20136969-50

2. Committee Name

CTE BARBARA A ZIACKO

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

10/27/11

Name & Address:

UAW MICHIGAN V-PAC
8000 E. JEFFERSON
DET. MI 48214

\$ 1000.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2

PAC Receipt? ☐ YES

4. Date of Receipt

Name & Address

\$ _____

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #3

PAC Receipt? ☐ YES

4. Date of Receipt

Name & Address

\$ _____

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #4

PAC Receipt? ☐ YES

4. Date of Receipt

Name & Address

\$ _____

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal

1000.00

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

1000.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 00136969-50
2. Committee Name CTE BARBARA A ZIMMER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>OFFICE DEPOT</u> Address <u>44835 SCHUENHEER</u> <u>S.A. 48313</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>COPIER INK, PAPER</u> <u>ENVELOPES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/1/11</u> Date	\$ <u>207.48</u>
Expenditure #2 Name <u>AMERICAN GRAPHICS</u> Address <u>34895 GARDENBECK</u> <u>CLINTON TWP</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LIT-PRINTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/31/11</u> Date	\$ <u>57.00</u>
Expenditure #3 Name <u>MANHATTAN MAILER</u> Address <u>57132 MILANO</u> <u>MACOMB 48042</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>MAILINGS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/31/11</u> Date	\$ <u>419.31</u>
Expenditure #4 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	\$ _____
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 627.30
Grand Total of all Schedules 1B
(Complete on last page of Schedule) 627.30

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS

SCHEDULE 1E

CANDIDATE COMMITTEE

1. Committee I.D. Number

00136969-50

2. Committee Name

CTE BARBARA A. BARKO

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 Owed to or by: <input type="checkbox"/> Corp? <input type="checkbox"/> Yes TOMMY BARKO 13805 DEERWOOD CT SE MI 48312	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>2/18/05</u> 6. <u>Original Amount of Debt:</u> \$ <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 Owed to or by: <input type="checkbox"/> Corp? <input type="checkbox"/> Yes TOMMY BARKO 13805 DEERWOOD CT SE MI 48312	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>7/10/01</u> 6. <u>Original Amount of Debt:</u> \$ <u>1100.00</u>	\$ \$ \$ \$ \$	\$ <u>0</u>	\$ <u>1100.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Owed to or by: <input type="checkbox"/> Corp? <input type="checkbox"/> Yes TOMMY BARKO 13805 DEERWOOD CT SE MI 48312	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>4/2002</u> 6. <u>Original Amount of Debt:</u> \$ <u>900.00</u>	\$ \$ \$ \$ \$	\$ <u>0</u>	\$ <u>900.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

3000.00

(Complete on last page of Schedule showing amounts owed by or to the committee)

Grand Total of all Schedules 1E

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. FARKO

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 Owed to or by: <input type="checkbox"/> Yes <u>BARBARA A FARKO</u> <u>12805 DEERWOOD CT</u> <u>SA MI</u> <u>48312</u>	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>5/2005</u> 6. Original Amount of Debt: <u>\$ 600.00</u>	\$ \$ \$ \$ \$	\$ <u>0</u>	\$ <u>600.00</u> <input type="checkbox"/> FORGIVEN

If bank loan, name of endorser or guarantor: _____

Debt #2 Owed to or by: <input type="checkbox"/> Yes	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____	\$ \$ \$ \$ \$	Amount Endorsed: \$ _____	\$ \$ \$ \$ \$	<input type="checkbox"/> FORGIVEN

If bank loan, name of endorser or guarantor: _____

Debt #3 Owed to or by: <input type="checkbox"/> Yes	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____	\$ \$ \$ \$ \$	Amount Endorsed: \$ _____	\$ \$ \$ \$ \$	<input type="checkbox"/> FORGIVEN

If bank loan, name of endorser or guarantor: _____

Page Subtotal (Outstanding debt) 600.00

(Complete on last page of Schedule showing amounts owed by or to the committee)

Grand Total of all Schedules 1E

3600.00

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