



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.

<p>1. Committee I.D. Number 00136969-50</p> <p>2. Committee Name CTE Barbara A. Ziarko</p>	<p>3. This Statement covers From: <u>10/24/11</u> to <u>11/28/11</u></p> <p>4. Candidate Last Name <u>Ziarko</u> First Name <u>Barbara</u> M.I. <u>A.</u></p> <p>4a. Office Sought Including District # or Community Served (if applicable) Sterling Heights City Council</p> <p>4b. County of Residence <u>Macomb</u></p>
<p>5. Committee's Mailing Address 13805 Deepwood Court Sterling Heights, MI 48312</p> <p>Area Code and Phone <u>(586) 939-0332</u></p> <p><small>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.</small></p>	<p>6. Treasurer's Name & Residential Address Tommy Ziarko 13805 Deepwood Court Sterling Heights, MI 48312</p> <p>Area Code & Phone <u>(586) 939-0332</u></p>
<p>7. Treasurer's Business Address 13805 Deepwood Court Sterling Heights, MI 48312</p> <p>Area Code and Phone <u>(586) 939-0332</u></p>	<p>8. Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper) Tommy Ziarko</p> <p>Area Code and Phone <u>(586) 939-0332</u></p>

FILED
11 DEC -1 PM 3:58
CANTUELLA SAGAUUGH
MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

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 *Tommy Ziarko* Date 12/1/11

Candidate Barbara A. Ziarko Type or Print Name
Signature *Barbara Ziarko* Date 12/1/11



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
CANDIDATE COMMITTEE**

1. Committee I.D. Number 00156969 50

2. Committee Name CTE BARBARA A ZYBICKA

	Column I This Period	Column II Cumulative this election cycle
RECEIPTS		
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>677.79</u>	
b. Itemized Got-Out the-Vote (Schedule 1B-C)	(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>677.79</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. SURTOIAL. Add lines 13 and 14	(15.) = \$ <u>2953.97</u> ✓	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>677.79</u> ✓	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>2276.18</u> ✓	



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. EMERSON

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 SCHENKNER S.H 48313</u> <input type="checkbox"/> Fund Raiser		Purpose: <u>COPIER, INK, PAPER ENVELOPES</u>	<u>11/1/11</u> Date	\$ <u>207.48</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		
Expenditure #2 Name <u>AMERICAN GRAPHICS</u> Address <u>34895 GADESBECK CLINTON TWP</u> <input type="checkbox"/> Fund Raiser		Purpose: <u>LIT PRINTING</u>	<u>10/31/11</u> Date	\$ <u>57.00</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		
Expenditure #3 Name <u>MANHATTAN MAILER</u> Address <u>51132 MILANO MACOMB 48042</u> <input type="checkbox"/> Fund Raiser		Purpose: <u>MAILINGS</u>	<u>10/31/11</u> Date	\$ <u>419.31</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		
Expenditure #4 Name _____ Address _____ <input type="checkbox"/> Fund Raiser		Purpose: _____	_____ Date	\$ _____
		Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser		Purpose: _____	_____ Date	\$ _____
		Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		

Subtotal this page 677.79

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

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 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 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
Owed to or by: Corp? Yes
TOMMY ZIARKO
13805 DEERWOOD CT
SH ME
48312

4. Type: LOAN
5. Date Debt Was Incurred: 2/2011
6. Original Amount of Debt: \$ 1000.00

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

\$ 0

\$ 1000.00

FORGIVEN

If bank loan, name of endorser or guarantor:

Debt #2
Owed to or by: Corp? Yes
TOMMY ZIARKO
13805 DEERWOOD CT
SH ME
48312

4. Type: LOAN
5. Date Debt Was Incurred: 11/2011
6. Original Amount of Debt: \$ 1100.00

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

\$ 0

\$ 1100.00

FORGIVEN

If bank loan, name of endorser or guarantor:

Debt #3
Owed to or by: Corp? Yes
TOMMY ZIARKO
13805 DEERWOOD CT
SH ME
48312

4. Type: LOAN
5. Date Debt Was Incurred: 4/2011
6. Original Amount of Debt: \$ 900.00

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

\$ 0

\$ 900.00

FORGIVEN

If bank loan, name of endorser or guarantor:

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)

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



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 ZIARCO

This Schedule itemizes:

Debts and obligations owed by or forgiven the committee OR 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. <small>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.</small>	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 payments to date on debt	9. Outstanding Balance at clo of this period of this period (Item 6 minus Item 8)
Debt #1 Owed to or by: <input type="checkbox"/> Corp? <input type="checkbox"/> Yes BARBARA A ZIARCO 13805 DEERWOOD CT 5H MI 48312	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:	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____	\$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
Debt #2 Owed to or by: <input type="checkbox"/> Corp? <input type="checkbox"/> Yes	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____	\$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor:	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____	\$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
Debt #3 Owed to or by: <input type="checkbox"/> Corp? <input type="checkbox"/> Yes	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____	\$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor:	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____	\$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN

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