

Ag. 980300925

STATEMENT OF ORGANIZATION
FOR CANDIDATE COMMITTEES

TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

FOR OFFICIAL USE ONLY



1. Committee Identification No. 135263-50

2. Type of Filing a. Original OR b. Amendment to Item(s)# 1P c. Date Change(s) Took Place 1/30/98

3. Full Name Of Committee FRIENDS OF ANDY M. ZACZEK

4. Candidate Last Name ZACZEK First Name ANDY M.I. M.

4a. County of Residence MACOMB 4b. Political Party (If applicable) _____

4c. Driver License # (Optional) _____

4d. Office Sought: (Check one)

Governor Lt. Governor State Senator State Representative Secretary of State State Board of Education

Bd of Regents UM Bd of Trustees MSU Bd of Gov WSU Attorney General Court of Appeals

District Court Probate Court Detroit Recorders Court Supreme Court Justice Circuit Court

Local or Other (Please Specify) _____ 4e. District # or Jurisdiction _____

5. Date Committee Was Formed (Mo/Day/Yr) _____

6. Committee Area Code and Phone Number _____

7. Committee Mailing Address (May be P. O. Box) Include Zip Code
1148 GLENIS DR
STERLING HTS. MI 48312

7a. Committee Street Address (May not be P. O. Box) _____

8. Treasurer. Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please include Zip Code.)
JUDITH A. ZACZEK
1148 GLENIS DR
STERLING HTS. MI 48312

9. Designated Recordkeeper. Name and address of the person (other than the treasurer) who will be responsible for the committee's records and Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank.

Area Code and Phone (810) 268-7542 Driver License # (Optional) _____

FILED
 30 PM 3:53
 COUNTY CLERK
 MICHIGAN

10. REPORTING WAIVER The committee does NOT expect to receive or expend in excess of \$1,000.00 in an election. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold. (Direct and in-kind contributions, expenditures and outstanding debt count against the \$1,000.00 Reporting Waiver threshold.) Funds left over from one election count toward the "amount received" for the next election. Please note: 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.

11. Names and Addresses of depositories or intended depositories of committee funds.

11a. Official Depository: _____

11b. Secondary Depository: _____

12. This item applies only to a gubernatorial Candidate Committee.

Check if this committee intends to seek qualifying contributions for public funding.

13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.

Current Treasurer JUDITH A. ZACZEK, Judith A. Zaczek Date 1-29-98
Type or Print Name Signature Mo. Day Year

Candidate ANDY M. ZACZEK, Andy M. Zaczek Date 1-29-98
Type or Print Name Signature Mo. Day Year



STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

W
Reg # 91179004 Klm

Type or Print Clearly

1. Committee Identification No. #135263-50		3. Type of Filing <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment to Item(s)	
2. Full Name of Committee FRIENDS OF ANDY M. ZACZEK		Date Change Took Place Month _____ Day _____	
4. Candidate Name ANDY M. ZACZEK		County of Residence MACOMB	
Office Sought (include district or jurisdiction served) COUNCILMAN STERLING HEIGHTS		Party (if applicable)	
5. Committee Street Address (street, city, state, zip code) 11148 GLENIS DR. STERLING HEIGHTS, MI 48312		5a. Committee Mailing Address (if different from street address) SAME	
6. Date Committee Was Formed Mo. 6 Day 18 Yr. 91	8. Full Name and Mailing Address of Treasurer JUDITH A. ZACZEK 11148 GLENIS DR. STERLING HTS. MI 48312		Area Code and Phone (313) 268-7542
7. Committee Area Code and Phone (313) 268-7542			
9. Identify the person who will be responsible for the committee's records and Campaign Statement filings. If committee's treasurer will handle these responsibilities, leave this item blank.			
Name	Mailing Address	Area Code/Phone	

MAACOMB COUNTY
JUN 28 11 25 AM '91
FILED

10. REPORTING WAIVER SECTION

The Committee does NOT expect to receive or expend in excess of \$1,000.00 in an election.

11. Names and addresses of depositories or intended depositories of committee funds (list both official depository and any secondary depositories). MANUFACTURERS BANK 34642 VAN DYKE STERLING HTS. MI 48312		12. This item applies only to a gubernatorial Candidate Committee. <input type="checkbox"/> Check if this committee intends to seek qualifying contributions for public funding.
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13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.

Treasurer	JUDITH A. ZACZEK	Signature	<i>Judith A. Zaczek</i>	Date	6 18 91
Candidate	ANDY M. ZACZEK	Signature	<i>Andy M. Zaczek</i>	Date	6 18 91

14. FOR OFFICEHOLDERS' USE ONLY (Complete only if you have established an Officeholder Expense Fund)

14a. Full Name and Address of Officeholder Expense Fund	14b. Full Name and Address of Treasurer of Officeholder Expense Fund	14c. Officeholder Expense Fund Depository Name and Address
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