

STATEMENT OF ORGANIZATION
FOR CANDIDATE COMMITTEES

2001194002

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.



1. Committee Identification No. DD13696 950

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

3. Full Name Of Committee (must include candidate's first and last name)
Committee to Elect Barbara Ziarko

4. Candidate Last Name Ziarko First Name Barbara M.I. A.

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

4c. Driver License # (Optional) Z 620 081 067 694 Ex 01

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

4e. District # or Jurisdiction Local or Other (Please Specify Sterling Heights City Council)

5. Date Committee Was Formed 07-02-01 (Mo/Day/Yr) 6. Committee Area Code and Phone Number 810-939-0332

7. Committee Mailing Address (May be P. O. Box) Include Zip Code 48312 7a. Committee Street Address (May not be P. O. Box)
13805 Deepwood Ct. Sterling Hts same

8. **Treasurer.** Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please include Zip Code.)
TOMMY ZIARKO
13805 DEEPWOOD CT
STERLING HTS MI 48312
810-939-0332
Area Code and Phone Driver License # (Optional)

9. **Designated Record keeper.** 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.
ROBERT ARTYMOVICH
35726 GEORGETOWN
STERLING HEIGHTS MI
Area Code and Phone Driver License # (Optional)

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.
(Bank, Credit Union or Savings & Loan Association)

11a. Official Depository: Comerica Bank 15 Schoenherr

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: TOMMY ZIARKO Signature: [Signature] Date: 07 02 01
Type or Print Name Signature Mo. Day Year

Candidate: Barbara Ziarko Signature: [Signature] Date: 07 02 01
Type or Print Name Signature Mo. Day Year

FILED
07 JUL -1 PM 12:40
MACOMB COUNTY CLERK
MICHIGAN