



1. Committee ID #: 136969	*2. Type of Filing: <input type="checkbox"/> Original: <input checked="" type="checkbox"/> Amendment to items: 9	Eff. Date:
*3. Full Name of Committee (must include Candidate's first and last name): Committee to Elect Barbara H. Ziarko		
*4a. Candidate Full Name: Last Name	First Name	M.I.
*4b. Political Party (if applicable):	*4c. County of Residence:	
*4d. Office Sought:	*4e. District or Jurisdiction:	
*5. Date Committee was Formed:		
*6a. Committee Phone:	6b. Committee Fax #:	
*6c. Committee Email Address:	6d. Committee Website Address:	
*7a. Complete Committee Mailing Address (May be PO Box):		
*7b. Complete Committee Street Address (May not be PO Box):		
*8. Treasurer Name and Complete Residential Address:		
Phone #:	Email Address:	
9. Designated Record Keeper Name and Complete Address:		
Phone #:	Email Address:	
*10. REPORTING WAIVER REQUEST: <input type="checkbox"/> YES, I/We WANT TO APPLY FOR THE REPORTING WAIVER. The committee does not expect to receive or expend in excess of \$1,000.00 in an election. I/We understand that if the committee does not spend or received in excess of \$1,000.00 in an election , the committee does not owe detailed campaign statements. I/We further understand that the Reporting Waiver will be automatically lost if the committee exceeds the \$1,000.00 threshold and all required campaign statements must be filed. A Reporting Waiver does not exempt a committee from filing Late Contribution Reports. <input type="checkbox"/> NO, I/We DO NOT WANT TO APPLY FOR THE REPORTING WAIVER. The committee expects to receive or expend in excess of \$1,000.00 in an election. I/We understand that the committee owes detailed campaign statements even if the committee does not spend or receive in excess of \$1,000.00 in an election. I further understand that the Reporting Waiver cannot be requested retroactively to avoid filing requirements and to avoid paying late filing fees. Further information regarding Reporting Waivers can be found in <u>Appendix C</u> of the Committee Manual.		
*11. Name and Address of Depositories or Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loan Association) While this item must be completed, an account does not have to be opened until the first contribution is received. *Official Depository (name and address): Secondary Depository (name and address):		
12. 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. If filing campaign statements electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and completeness of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Name and Date)		
*Candidate: Barbara Ziarko	Date: 7/22/20	*Current Treasurer Date:
*Designated Record Keeper (If Applicable)		Date:

FILED
20 JUL 22 PM 12:59
 MACOMB COUNTY CLERK
 MT. CLEMENS, MICHIGAN