



**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: 01/01/2023 to 07/20/2023

1. Committee I.D. Number

136969-50

4. Candidate Last Name First Name M.I.

Ziarko Stacy A.

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

City Council

4b. County of Residence **MACOMB**

2. Committee Name

Committee to Elect Barbara A. Ziarko

5. Committee's Mailing Address

**13805 Deepwood Ct.
Sterling Heights, MI 48312**

6. Treasurer's Name & Residential Address

**Barbara A. Ziarko
13805 Deepwood Ct.
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.

Area Code & Phone (586) 939-0332

7. Treasurer's Business Address

**13805 Deepwood Ct.
Sterling Heights, MI 48312**

8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)

**Barbara A. Ziarko
13805 Deepwood Ct.
Sterling Heights, MI 48312**

Area Code and Phone (586) 939-0332

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
☐ Special
☐ School
☐ Caucus

Required ONLY if candidate is not on the ballot for the current year:

- ☒ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement () Coverage Year

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

Date of Election, Convention or Caucus

9e. Dissolution of Candidate Committee

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

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 **Barbara A. Ziarko**

Type or Print Name

Signature

Date **07/31/2023**

Candidate **Barbara A. Ziarko**

Type or Print Name

Signature

Date **07/31/2023**