



**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.

1. Committee I.D. Number

139348

2. Committee Name

Committee to Elect Liz Sierawski

5. Committee's Mailing Address

40426 William Drive  
Sterling Heights, MI 48313

Area Code and Phone (586) 977-0143

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.

7. Treasurer's Business Address

Dean D. Alan  
21900 Chalon  
St. Clair Shores, MI 48080

Area Code and Phone (586) 212-3449

3. This Statement covers From: 08/23/16 to 10/23/16

4. Candidate Last Name First Name M.I.

SIERAWKI ELISABETH M

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

COUNTY COMMISSIONER

4b. County of Residence MACOMB

6. Treasurer's Name & Residential Address

Dean D. Alan  
21900 Chalon  
St. Clair Shores, MI 48080

Area Code & Phone (586) 212-3449

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

FILED  
16 NOV -9 PM 1:12  
MACOMB COUNTY CLERK  
HT. CLEHENS, MICHIGAN

**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

Date of Election, Convention or Caucus

11/08/16

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.)

**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 Dean D. Alan

Type or Print Name

Signature

Date

11/8/16

Candidate Elisabeth M. Sierawski

Type or Print Name

Signature

Date

11/8/16



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 139348

2. Committee Name Committee To Elect LIZ SIERAWSKI

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.                                                                                                                                                                                                                                                                                                                          |  | 6. Amount        | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------|---------------------------------------------------------------------------------|
| <p>3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/29/16</u></p> <p>Name &amp; Address:<br/><u>David Joseph Flynn</u><br/><u>2957 Parkway Cir.</u><br/><u>Sterling Hts., MI 48310</u></p> <p>5. If over \$100.00 cumulative, please provide:<br/>Occupation <u>County Commissioner</u>      Employer <u>Macomb County</u><br/>Business Address <u>1 south main, Mt. Clemens, MI 48043</u><br/>Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input type="checkbox"/> Fund Raiser</p> |  | \$ <u>250.00</u> | \$ <u>250.00</u>                                                                |
| <p>3. Contribution #2      PAC Receipt? <input checked="" type="checkbox"/> YES      4. Date of Receipt <u>09/29/16</u></p> <p>Name &amp; Address:<br/><u>Dave Flynn For County Commissioner</u><br/><u>2957 Parkway Circle</u><br/><u>Sterling Hts., MI 48310</u></p> <p>5. If over \$100.00 cumulative, please provide:<br/>Occupation _____      Employer _____<br/>Business Address _____<br/>Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>                                   |  | \$ <u>100.00</u> | \$ <u>100.00</u>                                                                |
| <p>3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/29/16</u></p> <p>Name &amp; Address:<br/><u>Mark S. Metry</u><br/><u>81 N. Main</u><br/><u>Mt. Clemens, 48042</u></p> <p>5. If over \$100.00 cumulative, please provide:<br/>Occupation <u>attorney</u>      Employer <u>self-employed</u><br/>Business Address <u>same</u><br/>Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input type="checkbox"/> Fund Raiser</p>                                                            |  | \$ <u>200.00</u> | \$ <u>250.00</u>                                                                |
| <p>3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/29/16</u></p> <p>Name &amp; Address:<br/><u>James A. Yarema</u><br/><u>30504 Dell Lane</u><br/><u>Warren, MI 48092</u></p> <p>5. If over \$100.00 cumulative, please provide:<br/>Occupation <u>businessman</u>      Employer <u>Yarema Die</u><br/>Business Address <u>283 Minnesota Drive, Troy, MI 48083</u><br/>Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input type="checkbox"/> Fund Raiser</p>                        |  | \$ <u>200.00</u> | \$ <u>300.00</u>                                                                |

Page Subtotal \$750.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.