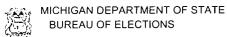


## CANDIDATE COMMITTEE COVER PAGE

## 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	: 04/04/40	10	100/40			
		A Continue Lond None	01/01/19	to ,10/	20/19		<u></u> М.І.	
1. Committee I.D. Number		4. Candidate Last Name SIERAWSKI	FIIS	SABETH			IVI.I.	
139348		4a. Office Sought Including Dis			applicable)	)		
2. Committee Name		STERLING HEIGHTS			аррвабло,	,		~
Committee to Elect LIZ SIERAWSKI		4b. County of Residence MA	СОМВ	Ť				
5. Committee's Mailing Address 40426 William Drive Sterling Heights, MIN48313		6. Treasurer's Name & Residential Address Dean D. Alan 21900 Chalon St. Clair Shores, MI 48080						
Area Code and Phone  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) 212-3449						
7. Treasurer's Business Address Dean D. Alan 21900 Chalon St. Clair Shores, MI 48080		8. Designated Record Keeper's Name and Address (If the committee has a November 1975) Physical Record Keeper)						
Area Code and Phone	<del></del>	Area Code and Phone		- 13	ZÃ	مَد		
9. TYPE OF STATEMENT	Paguired ON	NLY if candidate	9e. Dissoluti	ion of Candidate	e*Committ	ee		
9a. Pre-Election OR 9b. Post-Election	is not on the	ballot for the	By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here					
Pre-Election or Post-Election Statement relates to:	July Quart		by discharged the committee	and forgiven, and . The committee	nd no longe e has no ou	er colle ustandi	ctible fro	m
Primary	outy Quart	City	lowes no lates	fees or has any o	oustanding	debt.		
<b>X</b> General	October C	Quarterly	Further, if the	dissolution canno	ot be grant	ed, tha	t this be	
Convention			considered a r	equest for the Re	eporting W	aiver.		
Special	9c. Annua	al Statement () Coverage Year	Effective date of dissolution					
School	. □ Amen	·						
Caucus	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)		Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.					
Date of Election, Convention or Caucus								
11/05/19								
10. Verification: I\We certify that all reasonable diligenty our knowledge and belief the contents are true,	ence was used accurate and co	in the preparation of this statemomplete.	ent and attache	d schedules (if a	iny) and to	the be	st of	
Current Treasurer or Designated Record keeper Dean D. Alan				Data	11/2	20/1	9	
Type or Print Name		Signature		——— Date _				
Candidate Elisabeth M. Sierawsk	i	Burney	<u> </u>	Date _	11/2	20/1	9	_
Type or Print Name		Signature	V - 1 - 0					
Authority granted under P.A. 388 of 1976		V						



## ITEMIZED CONTRIBUTIONS SCHEDULE 1A

## CANDIDATE COMMITTEE

1. Committee I.D. Number 139348

Committee Name

Committee To Electv LIZ SIERAWSKI

CANDIDATE COMMINITTEE 2. Committee Name	A-7			
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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)		
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 03/27/19  Name & Address:  JOHN ELKHOURY  41754 plumtree dr.	400	100		
sterling heights, mi 48314	<sub>\$_</sub> 100	<sub>\$</sub> 100		
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization			
Occupation Employer	Click Here for Memo itemization			
Business Address				
Type of Contribution: V Direct Loan from a person V Fund Raiser				
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/16/19 Name & Address				
anthony donadio 3085 harrow way shelby twp., mi 48316	<sub>\$</sub> 100	<sub>\$</sub> 100		
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization			
Occupation Employer				
Business Address				
Type of Contribution: Direct Loan from a person Fund Raiser				
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 03/16/19 Name & Address:				
ralph maccarone 13921 basilisco	<sub>\$</sub> 200	<sub>s</sub> 400		
shelby twp., mi 48315				
5. If over \$100.00 cumulative, please provide:	Click Here to	or Memo Itemization		
Occupation attorney Employer self-employed				
Business Address Same				
Type of Contribution: Direct Loan from a person Fund Raiser				
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/25/19 Name & Address				
benjamin aloia 48 s. main st. mt. clemens mi 48043	<sub>\$</sub> 200	<sub>\$_</sub> 400		
5. If over \$100.00 cumulative, please provide:	Cliale Llara fo	or Mama Itamization		
Occupation attorney Employer self-employed	Click Here to	or Memo Itemization		
Business Address Same				
Type of Contribution: Direct Loan from a person Fund Raiser				
Page Subtotal	\$600.00			
Grand Total of All Schedules 1A				
(Complete on last page of Schedule)		<del>_</del>		

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Enter this total on line 3a of Summary Page.