



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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: <u>01/01/19</u> to <u>10/20/19</u>	
1. Committee I.D. Number 139348	4. Candidate Last Name SIERAWSKI First Name ELISABETH M.I. 4a. Office Sought Including District # or Community Served (If applicable) STERLING HEIGHTS CITY COUNCIL
2. Committee Name Committee to Elect LIZ SIERAWSKI	4b. County of Residence MACOMB
5. Committee's Mailing Address 40426 William Drive Sterling Heights, MIN48313 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.	6. Treasurer's Name & Residential Address Dean D. Alan 21900 Chalon St. Clair Shores, MI 48080 Area Code & Phone (586) 212-3449
7. Treasurer's Business Address Dean D. Alan 21900 Chalon St. Clair Shores, MI 48080 Area Code and Phone _____	8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) Area Code and Phone _____
<div style="text-align: right;">FILED NOV 25 PM 1:39 MACOMB COUNTY CLERK MICHIGAN</div>	
9. TYPE OF STATEMENT 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus Date of Election, Convention or Caucus <u>11/05/19</u>	Required ONLY if candidate is not on the ballot for the current year: <input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly 9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year 9d. <input checked="" type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.) 9e. Dissolution of Candidate Committee <input type="checkbox"/> 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 <u>Dean D. Alan</u> Date <u>11/20/19</u> Type or Print Name Signature	
Candidate <u>Elisabeth M. Sierawski</u> Date <u>11/20/19</u> Type or Print Name Signature	



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 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.
sterling heights, mi 48314

\$ 100

\$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 03/16/19

Name & Address

anthony donadio
3085 harrow way
shelby twp., mi 48316

\$ 100

\$ 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
shelby twp., mi 48315

\$ 200

\$ 400

5. If over \$100.00 cumulative, please provide:

[Click Here for 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

\$ 200

\$ 400

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation attorney Employer self-employed

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)

Enter this total on
line 3a of Summary
Page.