



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: 7/21/2020 to 10/20/2020

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)

Board Member - Local

4b. County of Residence

MACOMB

5. Committee's Mailing Address

40426 William Drive

Sterling Heights, MI 48313

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 Designated Record Keeper)

Area Code and Phone

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

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 Dean D. Alan

Designated Record Keeper Elisabeth M. Sierawski

Type or Print Name

Signature

Date

11/19/2020

Candidate

Elisabeth M. Sierawski

Type or Print Name

Signature

Date

11/19/2020



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

139348

1. Committee I. D. Number

2. Committee Name **Committee To Elect LIZ SIERAWSKI**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Sterling Heights FOP Address 37445 Moud Rd. Sterling Heights, MI 48310 <input type="checkbox"/> Fund Raiser	Purpose: <u>donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/24/2</u> Date	\$ <u>100</u>
Expenditure #2 Name CTE Kathryn George Probate Judge Address 37060 Garfield Clinton Twp., MI 48036 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/28/2</u> Date	\$ <u>100</u>
Expenditure #3 Name Pete Lucido for Prosecutor Address 6303 26 Mile Rd. Washington, MI 48094 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/15/2</u> Date	\$ <u>100</u>
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page

300.00

Grand Total of all Schedules 1B
(Complete on last page of Schedule)

300.00

Enter this total
on line 8a of
Summary Page