



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.

1. Committee I.D. Number 139348 2. Committee Name CTE Liz Sierawski		3. This Statement covers From: <u>01/01/21</u> to <u>07/18/21</u> 4. Candidate Last Name Sierawski First Name Elisabeth M.I. M 4a. Office Sought Including District # or Community Served (If applicable) Sterling Heights City Council <input checked="" type="checkbox"/> 4b. County of Residence MACOMB <input checked="" type="checkbox"/>	
5. Committee's Mailing Address 40426 William DR Sterling Heights, MI 48313 Area Code and Phone <u>(586) 977-0143</u> 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 Elisabeth M. Sierawski 40426 William Dr. Sterling Heights, MI 48313 Area Code & Phone <u>(586) 977-0143</u>	
7. Treasurer's Business Address 40426 William Dr. Sterling Heights, MI 48313 Area Code and Phone <u>(586) 977-0143</u>		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. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input checked="" type="checkbox"/> Primary <input 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>08/03/21</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.
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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>Elisabeth M. Sierawski</u>	Signature <u></u>	Date <u>07/27/21</u>
Candidate	<u>Elisabeth M. Sierawski</u>	Signature <u></u>	Date <u>07/27/21</u>

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21 JUL 27 PM 2:19
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MT. CLEMENS, MICHIGAN



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 139348

2. Committee Name CTE 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)
3. Contribution # 1	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>06/23/21</u>	
Name & Address: Realtors PAC of Michigan 720 N. Washington Ave. Lansing, MI 48906		\$ <u>500</u>	\$ <u>500</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value="v"/>	
3. Contribution # 2	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>06/29/21</u>	
Name & Address: UAW Michigan V-PAC 8000 E Jefferson Detroit, MI 48214		\$ <u>2500</u>	\$ <u>2500</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value="v"/>	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/24/21</u>	
Name & Address: Sherman Abdo 12900 Hall Rd. Suite 405 Sterling Heights, MI 48313		\$ <u>200</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self</u> Business Address <u>12900 Hall Rd. Sterling Heights, MI 48313</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value="v"/>	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/29/21</u>	
Name & Address: Rock Glelaj 52662 Woodmill Dr. Macomb, MI 48042		\$ <u>300</u>	\$ <u>300</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Supervisor</u> Employer <u>Empire Grill Restaurant</u> Business Address <u>39485 Mound Rd. Sterling Heights, MI 48310</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value="v"/>	

Page Subtotal \$3,500.00

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

Enter this total on
line 3a of Summary
Page.