



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: 10/18/2021 to 11/22/2021

1. Committee I.D. Number 139348	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		
2. Committee Name CTE Liz Sierawski	4b. County of Residence MACOMB		

5. Committee's Mailing Address 40426 William Dr. Sterling Heights, MI 48313	6. Treasurer's Name & Residential Address Elisabeth M. Sierawski 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.	Area Code & Phone <u>(586) 977-0143</u>

7. Treasurer's Business Address 40426 William Dr. Sterling Heights, MI 48313	8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)
Area Code and Phone <u>(586) 977-0143</u>	Area Code and Phone _____

9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" 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>11/02/2021</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 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	Elisabeth M. Sierawski		Date	11/29/2021
	Type or Print Name	Signature		
Candidate	Elisabeth M. Sierawski		Date	11/29/2021
	Type or Print Name	Signature		



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139348

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE Liz Sierawski

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>1,950.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$1,950.00</u>	(18.) \$ <u>\$53,850.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>\$0.00</u>	(19.) \$ <u>\$0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\$1,950.00</u>	(20.) \$ <u>\$53,850.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$0.00</u>	(21.) \$ <u>\$0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$38,881.69</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>\$0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>\$0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$38,881.69</u>	(23.) \$ <u>\$72,515.43</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>\$0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>\$0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>\$0.00</u>	(24.) \$ <u>\$0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>\$0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>\$0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$49,539.11</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$1,950.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$51,489.11</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$38,881.69</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$12,607.42</u>	*



**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 type="checkbox"/> YES 4. Date of Receipt <u>11/01/2021</u> Name & Address: <u>Angela Rogensues</u> <u>5460 Arden Ave.</u> <u>Warren, MI 48092</u>		\$ <u>100</u>	\$ <u>100</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	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/01/2021</u> Name & Address: <u>Quincy McAlpine</u> <u>1682 Pinnate Ct.</u> <u>Rochester Hills, MI 48306</u>		\$ <u>500</u>	\$ <u>1000</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> 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	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/01/2021</u> Name & Address: <u>Marvin Kiezi</u> <u>44825 Van Dyke Ave.</u> <u>Utica, MI 48317</u>		\$ <u>500</u>	\$ <u>500</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Real Estate</u> Employer <u>Self</u> Business Address <u>44825 Van Dyke Ave. Utica, MI 48317</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	
3. Contribution # 4 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>11/01/2021</u> Name & Address: <u>Stan Grot for Michigan Republicans</u> <u>11927 Hiawatha Dr.</u> <u>Shelby Township, MI 48315</u>		\$ <u>150</u>	\$ <u>150</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	

Page Subtotal \$1,250.00

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

Enter this total on
line 3a of Summary
Page.



**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)
<p>3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/01/2021</u></p> <p>Name & Address: <u>Cecil St. Pierre</u> <u>43805 Van Dyke Ave., Suite A</u> <u>Sterling Heights, MI 48314</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self</u> Business Address <u>43805 Van Dyke, Suite A Sterling Heights, MI 48314</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>500</u>	\$ <u>500</u>
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/01/2021</u></p> <p>Name & Address: <u>Robert E. Berg, Jr.</u> <u>39850 Van Dyke Ave. Suite 100</u> <u>Sterling Heights, MI 48313</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self</u> Business Address <u>39850 Van Dyke, Suite 100 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</p>		\$ <u>200</u>	\$ <u>200</u>
<p>3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name & Address: _____</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ _____	\$ _____
<p>3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name & Address: _____</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ _____	\$ _____

Page Subtotal **\$700.00**

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

\$1,950.00

Enter this total on
line 3a of Summary
Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139348
2. Committee Name CTE Liz Sierawski

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name PayPal Inc. Address 2211 North 1st St. San Jose CA 95131 <input type="checkbox"/> Fund Raiser	Purpose: <u>Transfer Fees</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/01/2021</u> Date	<u>\$ 18.32</u> Click Here for Memo Itemization Type
Expenditure #2 Name Office Max Address 37600 Van Dyke Ave. Sterling Heights, MI 48312 <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign Supplies</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/01/2021</u> Date	<u>\$ 799.03</u> Click Here for Memo Itemization Type
Expenditure #3 Name American Graphics Printing Address 34895 Groesbeck Hwy Clinton Twp, MI 48035 <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing/Mailing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/01/2021</u> Date	<u>\$ 7520.69</u> Click Here for Memo Itemization Type
Expenditure #4 Name American Graphics Printing Address 34895 Groesbeck Hwy Clinton Twp, MI 48035 <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing/Mailing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/02/2021</u> Date	<u>\$ 12953.65</u> Click Here for Memo Itemization Type
Expenditure #5 Name Gordon Food Service Address 45331 Utica Park Blvd. Utica, MI 48315 <input type="checkbox"/> Fund Raiser	Purpose: <u>Election Day Supplies</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/02/2021</u> Date	<u>\$ 234.78</u> Click Here for Memo Itemization Type
Subtotal this page			\$21,526.47
Grand Total of all Schedules 1B (Complete on last page of Schedule)			Enter this total on line 8a of Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139348
2. Committee Name CTE Liz Sierawski

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name American Graphics Printing Address 34895 Groesbeck Hwy Clinton Twp, MI 48035 <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing/Mailing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/02/2021</u> Date	<u>\$ 12953.65</u> Click Here for Memo Itemization Type <input type="checkbox"/>
Expenditure #2 Name Mass Mailing, LLC Address 35468 Mound Road Sterling Heights, MI 48310 <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage/Mailing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/02/2021</u> Date	<u>\$ 515.60</u> Click Here for Memo Itemization Type <input type="checkbox"/>
Expenditure #3 Name CTE Henry Yanez Address 33626 Schoenherr Rd. Sterling Heights, MI 48312 <input type="checkbox"/> Fund Raiser	Purpose: <u>Reimbursement for Mailings and Signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/15/2021</u> Date	<u>\$ 341.97</u> Click Here for Memo Itemization Type <input type="checkbox"/>
Expenditure #4 Name American Graphics Printing Address 34895 Groesbeck Hwy Clinton Twp, MI 48035 <input type="checkbox"/> Fund Raiser	Purpose: <u>Election Day Supplies</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/15/2021</u> Date	<u>\$ 2544</u> Click Here for Memo Itemization Type <input type="checkbox"/>
Expenditure #5 Name Gera K. Whitson Address PO BOX 186 Midland, NC 28107 <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign Web Services & Media</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/18/2021</u> Date	<u>\$ 1000</u> Click Here for Memo Itemization Type <input type="checkbox"/>
Subtotal this page			\$17,355.22
Grand Total of all Schedules 1B (Complete on last page of Schedule)			\$38,881.69

Enter this total
on line 8a of
Summary Page