

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: 07/21/2022 to 10/20/2022				
1. Committee I.D. Number		4. Candidate Last Name	First Name	M.I.		
139348		Sierawski	Elisabeth	M		
		4a. Office Sought Including District # or Community Served (If applicable)				
CTE Liz Sierawski		Sterling Heights City Council				
		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 (586) 977-0143 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) 977-0143				
7. Treasurer's Business Address 40426 William Dr. Sterling Heights, MI 48313		Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)				
Joterning Freights, Wil 40013						
Area Code and Phone (586) 977-0143		Area Code and Phone				
9. TYPE OF STATEMENT		1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9e. Dissolution of Candida	ate Committee		
9a. Pre-Election OR 9b. Post-Election Pre-Election or Post-Election Statement relates to:		NLY if candidate 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 by discharged and forgiven, and no longer collectible from the committee. The committee has no oustanding assets,			
Primary	July Quar	terly	owes no lates fees or has any oustanding debt.			
General	X October €	Quarterly	Further, if the dissolution can considered a request for the			
Convention				rioperining realization		
Special School	9c. Annual Statement () Coverage Year		Effective date of dissolution			
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						
		,				
10. Verification: I\We certify that all reasonable dilig my\our knowledge and belief the contents are true,			ent and attached schedules (if	f any) and to the best of		
Current Treasurer or Designated Record keeper Elisabeth M. Si	erawski	1 Junivela	m V——Date	10/24/2022		
Type or Print Name Elisabeth M. Sierawsk	i	Signature	Date	10/24/2022		
Candidate Type or Print Name		Signature	Date			
7.		· · · · · · · · · · · · · · · · · · ·				

1. Committee I.D. Number 139348

SUMMARY PAGE **CANDIDATE COMMITTEE**

2. Committee Name CTE Liz Sierawski

RECEIPTS CONTINUE TEE	Column I	Column II
	Column I This Period	Column II Cumulative this election cycle
3. Contributions	0.00	
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 0.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ \$0.00	(18.) \$ \$0.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _\$0.00	(19.) \$ \$0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$0.00	(20.) \$ \$0.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$0.00	(21.) \$ \$0.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ \$0.00	(22.) \$ \$0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ \$525.00	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ \$0.00	
c. Uniternized (less than \$50.01 each - no Schedule)	(8c.) \$ 50.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ \$525.00	(23.) \$ \$1,548.00
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$ \$0.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.)\$ \$0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ \$0.00	(24.) \$ \$0.00
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$_\$0.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ \$0.00	
 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15) 	### ##################################	*



ITEMIZED EXPENDITURES **SCHEDULE 1B CANDIDATE COMMITTEE**

139348

1. Committee I. D. Number

2. Committee Name CTE Liz Sierawski

Clinton Township, MI 48038 Fund Raiser Check box if this expenditure is payment of debt or obligation reported on previous statement	3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Address Date Click Here for Memo Itemization Type Check box if this expenditure is payment of data or obligation reported on previous statement Click Here for Memo Itemization Type	Expenditure #1			
Address 11727 Wheaton Dr. Sterling Heights, MI 48313	Name Michigan Outdoor Wishmakers		08/04/2022	s 300
11727 Wheaton Dr. Sterling Heights, MI 48313	_	Purpose: Donation	Date	
Check box if this expenditure is payment of debt or obligation reported on previous statement			Hara for Marca	Itomization Type
Expenditure #2 Name CTE Derek Wilcynski Address 41927 Standish Clinton Township, MI 48038 Expenditure #3 Name American Polish Century Club Address 33204 Maple Lane Dr. Sterling Heights, MI 48312 Expenditure #4 Name Address Expenditure #5 Name Address Address Address Address Address Click Here for Memo Itemization Type	Sterling Heights, MI 48313	Cilck	Here for Memo	itemization Type
Expenditure #2 Name CTE Derek Wilcynski Address 41927 Standish Clirton Township, MI 48038				
Name CTE Derek Wilcynski Address Purpose: Donation Click Here for Memo Itemization Type Click Here for Memo Itemization Type Click Here for Memo Itemization Type Donation Click Here for Memo Itemization Type Donation O9/27/2022 Date \$ 125 Date Purpose: Donation O9/27/2022 Date \$ 125 Click Here for Memo Itemization Type Address Address Purpose:				
Address 41927 Standish Clinton Township, MI 48038 Fund Raiser Expenditure #3 Name American Polish Century Club Address 33204 Maple Lane Dr. Sterling Heights, MI 48312 Fund Raiser Expenditure #4 Name Address Addre	'			
## Address Altered Fund Raiser Expenditure #3 Name American Polish Century Club Address 33204 Maple Lane Dr. Sterling Heights, MI 48312 Fund Raiser Expenditure #4 Name Address Address Address Address Address Purpose: □ Donation □ 09/277/2022 □ \$ 125 □ Date □	Name CTE Derek Wilcynski		08/09/2022	\$ 100
## Address Altered Fund Raiser Expenditure #3 Name American Polish Century Club Address 33204 Maple Lane Dr. Sterling Heights, MI 48312 Fund Raiser Expenditure #4 Name Address Address Address Address Address Purpose: □ Donation □ 09/277/2022 □ \$ 125 □ Date □	Address	Purpose: Donation	Date	
Clinton Township, MI 48038	41927 Standish			
Expenditure #3 Name American Polish Century Club Address 33204 Maple Lane Dr. Sterling Heights, MI 48312 Fund Raiser Expenditure #4 Name Address Address Address Purpose: Donation Og/27/2022 Date Purpose: Donation Og/27/2022 Date S 125 Click Here for Memo Itemization Type Thend Raiser Expenditure #5 Name Address Purpose: Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement		Click	nere for Memo	itemization Type
Expenditure #3 Name American Polish Century Club Address 33204 Maple Lane Dr. Sterling Heights, MI 48312 Fund Raiser Expenditure #4 Name Address Address Address Purpose: Donation O9/27/2022 \$ 125 Date Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type				
Name American Polish Century Club Address 33204 Maple Lane Dr. Sterling Heights, MI 48312 □ Check box if this expenditure is payment of debt or obligation reported on previous statement □ Check box if this expenditure is payment of debt or obligation reported on previous □ Click Here for Memo Itemization Type □ Check box if this expenditure is payment of debt or obligation reported on previous □ Click Here for Memo Itemization Type □ Check box if this expenditure is payment of debt or obligation reported on previous statement □ Fund Raiser □ Click Here for Memo Itemization Type □ Check box if this expenditure is payment of debt or obligation reported on previous □ Click Here for Memo Itemization Type □ Check box if this expenditure is payment of debt or obligation reported on previous	✓ Fund Raiser			
Address 33204 Maple Lane Dr. Sterling Heights, MI 48312 Click Here for Memo Itemization Type	Expenditure #3			
Address 33204 Maple Lane Dr. Sterling Heights, MI 48312 Fund Raiser Expenditure #4 Name Address Address Purpose: Donation Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type Expenditure #5 Name Address Purpose:	Name American Polish Century Club		09/27/2022	s 125
33204 Maple Lane Dr. Sterling Heights, MI 48312 □ Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #4 Name Address Purpose: □ Check box if this expenditure is payment of debt or obligation reported on previous Click Here for Memo Itemization Type □ Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #5 Name Address Purpose: □ Date □ S □ Date □ Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #5 Name Address Click Here for Memo Itemization Type □ Check box if this expenditure is payment of	Address	Purpose: Donation	Date	- 120
Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #4 Name Address Purpose: Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #5 Name Address Purpose: Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #5 Name Address Click Here for Memo Itemization Type Check box if this expenditure is payment of statement	33204 Maple Lane Dr.		1 f M 1	A
Expenditure #4 Name	Sterling Heights, MI 48312	 	here for Memo i	temization Type
Expenditure #4 Name Address Purpose:	Fund Raiser	debt or obligation reported on previous		
Address Purpose: Date		statement		
Address Purpose: Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #5 Name Address Purpose: Click Here for Memo Itemization Type Click Here for Memo Itemization Type Check box if this expenditure is payment of				
Address Purpose: Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #5 Name Address Purpose: Click Here for Memo Itemization Type Check box if this expenditure is payment of				\$
Fund Raiser Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #5 Name Address Purpose: Click Here for Memo Itemization Type Check box if this expenditure is payment of	Address	Purpose:	Date	
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Fund Raiser Expenditure #5 Name Address Purpose:			here for ivierno i	temization Type
Expenditure #5 Name Address Purpose:				
Address Purpose: Date \$ Click Here for Memo Itemization Type Check box if this expenditure is payment of	Fund Raiser			
Address Purpose: Date Click Here for Memo Itemization Type Check box if this expenditure is payment of	Expenditure #5			
Address Purpose: Click Here for Memo Itemization Type Check box if this expenditure is payment of	Name			_
Click Here for Memo Itemization Type Check box if this expenditure is payment of	Address	Purpose:	Date	\$
Check box if this expenditure is payment of			1 1	Manager Trans
		I		itemization Type
	Fund Raiser	debt or obligation reported on previous		
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Subtotal this page \$525.00		Subtr	otal triis page	\$525.00

Grand Total of all Schedules 1B (Complete on last page of Schedule) \$525.00

Enter this total on line 8a of Summary Page