

# CANDIDATE COMMITTEE COVER PAGE

#### FOR OFFICIAL USE ONLY

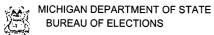
Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and c	l signed by andidate.	3. This Statement covers From	11 10/21/2023 to 12	/31/2023	
1. Committee I.D. Number		Candidate Last Name	First Name	M.I.	
139348		Sierawski	Elisabeth	M	
		4a. Office Sought Including Dis	strict # or Community Served (If	· · · · · · · · · · · · · · · · · · ·	
2. Committee Name		Sterling Heights City	Council	▼	
CTE Liz Sierawski		4b. County of Residence MA	сомв		
5. Committee's Mailing Address 40426 William Dr.		6. Treasurer's Name & Reside			
Sterling Heights, MI 48313	Elisabeth M. Sierawski 40426 William Dr.				
		Sterling Heights, MI	48313		
		J			
Area Code and Phone					
If the address in this box is different from the comm mailing address on the Statement of Organization,					
be sent to this address by the filing official.		Area Code & Phone (586) 9	77-0143		
7. Treasurer's Business Address		Designated Record Keeper     Designated Record Keeper)	's Name and Address (If the cor	nmittee has a	
40426 William Dr.		Designated Record Reeper)			
Sterling Heights, MI 48313					
(500) 077 0440					
Area Code and Phone (586) 977-0143		Area Code and Phone	•	*	
9. TYPE OF STATEMENT	Required Of	NLY if candidate	9e. Dissolution of Candidate	e Committee	
9a. Pre-Election <b>OR</b> 9b. Post-Election		ballot for the		e certify any outstanding debt date or his or her spouse is here	
Pre-Election or Post-Election Statement relates to:	Current year.		by discharged and forgiven, ar	nd no longer collectible from	
Primary	July Quart	erly	the committee. The committee owes no lates fees or has any		
General	October C	uarterly			
		·	Further, if the dissolution cannot considered a request for the Ro	ot be granted, that this be eporting Waiver.	
Convention					
Special	9c. 🔀 Annua	l Statement ( <u>2023</u> )	Effective date of diss	colution	
School		Coverage Year	Endouve date of disc	Joidhort	
Caucus		dment to Campaign Statement plete Item 9a, 9b, 9c or 9e to		<del></del>	
		te which Statement is being	Note: The disposition of residu Schedule 1B and the Summar		
	amend	ieu.)		,	
Date of Election, Convention or Caucus					
10. Verification: I/We certify that all reasonable diligonal control of the certify that all reasonable diligonal certify that all reasonable diligonal certification.	ence was used	in the preparation of this stateme	Lent and attached schedules (if a	any) and to the best of	
my\our knowledge and belief the contents are true,	accurate and co	omplete.		,	
Current Treasurer or Elisabeth M. Signature Record	erawski	Alle Amak.	Il Bard	01/30/2023	
Designated Record keeper Type or Print Name	<u> </u>	Signature Signature	Date _		
Elisabeth M. Sierawsk	i	JP	4.2.04	04/20/2022	
Candidate		7,782.00	M V Date _	01/30/2023	
Type or Print Name		Signature			

1. Committee I.D. Number 139348

#### **SUMMARY PAGE CANDIDATE COMMITTEE**

2. Committee Name CTE Liz Sierawski

Column I This Period	Column II Cumulative this election cycle
	,
(3a.) \$ 3,085.00	
(3b.) \$ NOT APPLICABLE	
(00.) 4	(18.) \$ \$32,235.00
(4.) \$ \$0.00	(19.) \$ \$0.00
(5.) \$ \$3,085.00	(20.) \$ \$32,235.00
(6.) \$ _\$0.00	(21.) \$ \$0.00
(7.) \$ \$0.00	(22.) \$ \$0.00
(8a.) \$ \$0.00	
(8c.) \$ \$0.00	
(9.) \$ \$0.00	(23.) \$ \$7,824.48
(10a.) \$ \$0.00	
(10b.) \$ \$0.00	
<b>\$0.00</b>	(24.) \$ \$0.00
(12a.) \$ _\$0.00	
(12b.) \$ \$0.00	
BALANCE STATEMENT	
\/ +	_
	<del></del>
	_
(16.) - \$ \$0.00	_
(17.) \$ \$37,017.94	*
	This Period  (3a.) \$ 3,085.00  (3b.) \$ NOT APPLICABLE  (3c.) \$ \$3,085.00  (4.) \$ \$0.00  (5.) \$ \$3,085.00  (6.) \$ \$0.00  (7.) \$ \$0.00  (8a.) \$ \$0.00  (8b.) \$ \$0.00  (8c.) \$ \$0.00  (9.) \$ \$0.00  (10a.) \$ \$0.00  (11.) \$ \$0.00  (12a.) \$ \$0.00  (12b.) \$ \$0.00  BALANCE STATEMENT  (13.) \$ \$33,932.94  (14.) + \$ \$3,085.00  (15.) = \$ \$37,017.94  (16.) - \$ \$0.00



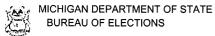
### **ITEMIZED CONTRIBUTIONS SCHEDULE 1A**

#### **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 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 10/27/2023  Name & Address:  Gary Novara  888 W. Big Beaver Rd. STE 600  Troy, MI 48084	<sub>\$</sub> 1000	<sub>\$</sub> 1000
5. If over \$100.00 cumulative, please provide:	1	_
Occupation Attorney Employer Self-Employed	Click Here for	or Memo Itemization
Business Address 888 W. Big Beaver Rd. STE 600, Troy MI 48084		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 11/02/2023  Name & Address		
Yazan Abusaif 47640 Brennan Dr. Macomb Twp. MI 48044	<sub>\$</sub> 500	ş 500
5. If over \$100.00 cumulative, please provide:  Occupation Retail Shop Owner Employer Self-Employed	Click Here fo	or Memo Itemization
Business Address Patriots Ammo & Arms,52122 Van Dyke, Shelby Twp. MI 48316		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
3. Contribution # 3 Name & Address:  Christine Krstich 26355 Townley St.  Madison Heights, MI 48071	<sub>\$</sub> 500	<u>\$</u> 500
5. If over \$100.00 cumulative, please provide:	Click Here for	r Memo Itemization
Occupation Housewife Employer		
Business Address		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 11/05/2023  Name & Address		
Concetta Michael 61590 Bradbury Run Washington Twp, MI 48094	<sub>\$</sub> 250	<sub>\$_</sub> 250
5. If over \$100.00 cumulative, please provide:	Cliek Here fo	r Mama Itamizatian
Occupation Housewife Employer	Click Here to	r Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	\$2,250.00	
Grand Total of All Schedules 1A	\$3,085.00	
(Complete on last page of Schedule)  Pageof	Enter this total on line 3a of Summary Page.	_



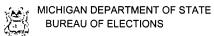
## **ITEMIZED CONTRIBUTIONS SCHEDULE 1A**

**CANDIDATE COMMITTEE** 

1. Committee I.D. Number \_\_\_\_\_139348

2. Committee Name CTE Liz Sierawski

	ox to indicate if con	tribu	ribution is from an individual, ente ition is from a Political Committee ardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Catherine Lenti 5843 Juliann Ct			YES 4. Date of Receipt	11/06/2023		
Washington Tw					<sup>250</sup>	, 250
5. If over \$100.00 cun	•				\$	<b>D</b>
Occupation House		viu			Click Here fo	r Memo Itemization ▼
		-	Employer	777		
Business Address						
Type of Contribution:	Direct			fund Raiser		
Contribution #2     Name & Address	PAC Receipt?		YES 4. Date of Receipt 1	11/06/2023		
Joseph Lentine					050	050
5843 Juliann Ct					<sub>\$</sub> 250	<sub>\$</sub> 250
Washington Tw	p, IVII 48094					
5. If over \$100.00 cum		vid	e:		Click Here for	Memo Itemization ▼
Occupation Retired		_ E	mployer	<del></del>		
Business Address						
Type of Contribution:	Direct		Loan from a person	Fund Raiser		
3. Contribution # 3	PAC Receipt?		YES 4. Date of Receipt	11/20/2022		
Name & Address:	·	L		11/30/2023		
Avis Choulagh					<sub>s</sub> 100	100
48528 Isola Dr Shelby Twp, MI	<i>1</i> 8315				\$	<sub>\$</sub> 100
•					Click Here for	Memo Itemization ▼
5. If over \$100.00 cum	ulative, please pro	vid	<b>e:</b>			
Occupation		_ 1	Employer			
Business Address	Direct	_				
Type of Contribution:	<u>·                                     </u>		Loan from a person	Fund Raiser	•	
<ol><li>Contribution # 4</li><li>Name &amp; Address</li></ol>	PAC Receipt?	L	YES 4. Date of Receipt	11/30/2023		
Reanne Choula	gh					
48528 Isola Dr Shelby Twp, MI	19215				<sub>s</sub> 100	ູ 100
5. If over \$100.00 cum		vid	e:		<u> </u>	
Occupation		_	Employer		Click Here for	Memo Itemization ▼
Business Address						
Type of Contribution:	<b>✓</b> Direct		Loan from a person	und Raiser		
				Page Subtotal	\$700.00	
			Grand	Total of All Schedules 1A	\$3,085.00	
				on last page of Schedule)	Enter this total on	J
$_{\text{Page}}$ 2 of 3	_				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)		
3. Contribution # 1 Name & Address: Robert Hindman 49522 Keycove S	PAC Receipt?		YES 4. Date of Re	eceipt	12/01/2023		
Chesterfield Twp,						ູ 100	ູ 100
•						<b>a</b>	<u> </u>
5. If over \$100.00 cumula						Click Here fo	r Memo Itemization ▼
•		. •	Employer				
Business Address	1	$\overline{}$		$\Box$			
Type of Contribution:	Direct	=	Loan from a person		Fund Raiser	<u> </u>	
Contribution #2  Name & Address	PAC Receipt?		YES 4. Date of Re	eceipt	12/06/2023		
Alexander Silva 40642 Rinaldi Dr						<sub>s</sub> 35	<sub>s</sub> 35
Sterling Heights, I	ЛI 48313					· ·	Y
5. If over \$100.00 cumula	tive, please prov	/ide	:			Click Here for	Memo Itemization ▼
Occupation		Em	nployer				Accompany of the Control of the Cont
Business Address							
Type of Contribution:	Direct		Loan from a person		Fund Raiser		
5. If over \$100.00 cumula Occupation	itive, please pro		o: :mployer			\$Click Here for	\$ Memo Itemization ▼
Business Address							
Type of Contribution:	Direct		Loan from a person		Fund Raiser		
3. Contribution # 4 Name & Address	PAC Receipt?		YES 4. Date of F	Recei	pt		
						\$	\$
5. If over \$100.00 cumula	ative, please pro	vide	<b>:</b> :			Click Hara for	Memo Itemization ▼
Occupation		-	Employer			Click Here to	Memo itemization
Business Address							
Type of Contribution:	Direct		Loan from a person		Fund Raiser		
					Page Subtotal	\$135.00	
Page 3 of 3			(C		nd Total of All Schedules 1A ete on last page of Schedule)	\$3,085.00  Enter this total on line 3a of Summary Page.	