

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: 10/21/2023 to 12/31/2023

1. Committee I.D. Number

139348

4. Candidate Last Name First Name M.I.

Sierawski Elisabeth M

4a. Office Sought Including District # or Community Served (If applicable)

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 _____

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 483138. Designated Record Keeper's Name and Address (If the committee has a
Designated Record Keeper)

Area Code and Phone _____

9. TYPE OF STATEMENT9a. ☐ 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 (2023)
Coverage Year9d. ☐ 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
Designated Record keeper Elisabeth M. Sierawski

Type or Print Name

Signature

Date

01/30/2023

Candidate Elisabeth M. Sierawski

Type or Print Name

Signature

Date

01/30/2023



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>3,085.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$3,085.00</u>	(18.) \$ <u>\$32,235.00</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>\$3,085.00</u>	(20.) \$ <u>\$32,235.00</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>\$0.00</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>\$0.00</u>	(23.) \$ <u>\$7,824.48</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>\$33,932.94</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$3,085.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$37,017.94</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$0.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$37,017.94</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)
<p>3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/27/2023</u></p> <p>Name & Address: <u>Gary Novara</u> <u>888 W. Big Beaver Rd. STE 600</u> <u>Troy, MI 48084</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self-Employed</u> Business Address <u>888 W. Big Beaver Rd. STE 600, Troy MI 48084</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>1000</u>	\$ <u>1000</u>
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/02/2023</u></p> <p>Name & Address: <u>Yazan Abusaif</u> <u>47640 Brennan Dr.</u> <u>Macomb Twp. MI 48044</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Retail Shop Owner</u> Employer <u>Self-Employed</u> Business Address <u>Patriots Ammo & Arms, 52122 Van Dyke, Shelby Twp. MI 48316</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 # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/02/2023</u></p> <p>Name & Address: <u>Christine Krstich</u> <u>26355 Townley St.</u> <u>Madison Heights, MI 48071</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Housewife</u> Employer _____ Business Address _____ 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 # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/05/2023</u></p> <p>Name & Address: <u>Concetta Michael</u> <u>61590 Bradbury Run</u> <u>Washington Twp, MI 48094</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Housewife</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>250</u>	\$ <u>250</u>

Page Subtotal **\$2,250.00**

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

\$3,085.00

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 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 11/06/2023

Name & Address:

Catherine Lentine
5843 Juliann Ct
Washington Twp, MI 48094

\$ 250

\$ 250

5. If over \$100.00 cumulative, please provide:

Occupation Housewife Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Click Here for Memo Itemization

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 11/06/2023

Name & Address

Joseph Lentine
5843 Juliann Ct
Washington Twp, MI 48094

\$ 250

\$ 250

5. If over \$100.00 cumulative, please provide:

Occupation Retired Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Click Here for Memo Itemization

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 11/30/2023

Name & Address:

Avis Choulagh
48528 Isola Dr
Shelby Twp, MI 48315

\$ 100

\$ 100

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Click Here for Memo Itemization

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 11/30/2023

Name & Address

Reanne Choulagh
48528 Isola Dr
Shelby Twp, MI 48315

\$ 100

\$ 100

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Click Here for Memo Itemization

Page Subtotal \$700.00

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

\$3,085.00

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 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 12/01/2023
Name & Address:
Robert Hindman
49522 Keycove St
Chesterfield Twp, MI 48047

\$ 100

\$ 100

5. If over \$100.00 cumulative, please provide:

Click Here for Memo Itemization

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 12/06/2023
Name & Address:
Alexander Silva
40642 Rinaldi Dr
Sterling Heights, MI 48313

\$ 35

\$ 35

5. If over \$100.00 cumulative, please provide:

Click Here for Memo Itemization

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt _____
Name & Address: _____

\$ _____

\$ _____

5. If over \$100.00 cumulative, please provide:

Click Here for Memo Itemization

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt _____
Name & Address: _____

\$ _____

\$ _____

5. If over \$100.00 cumulative, please provide:

Click Here for Memo Itemization

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal

\$135.00

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

\$3,085.00

Enter this total on
line 3a of Summary
Page.