

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: 01/01/2024 to 07/20/2024

1. Committee I.D. Number 139348		4. Candidate Last Name Sierawski First Name Elisabeth M.I. M	
2. Committee Name CTE Liz Sierawski		4a. Office Sought Including District # or Community Served (If applicable) Sterling Heights City Council <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.		4b. County of Residence MACOMB <input checked="" type="checkbox"/>	
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 type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input 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 _____ Required ONLY if candidate is not on the ballot for the current year: <input checked="" 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.		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> , <u><i>Elisabeth M Sierawski</i></u> Date <u>07/24/2024</u> Type or Print Name Signature Candidate <u>Elisabeth M Sierawski</u> , <u><i>Elisabeth M Sierawski</i></u> Date <u>07/24/2024</u> 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>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$0.00</u>	(18.) \$ <u>\$0.00</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>\$0.00</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>\$19,768.31</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>\$19,768.31</u>	(23.) \$ <u>\$27,592.79</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>\$37,017.94</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$0.00</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>\$19,768.31</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$17,249.63</u>	*



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139348
2. Committee Name Committee To Elect ~~XXXXXX~~ *Liz Sierawski*

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Shelby Township Lions Club Address P.O. Box 182075 Shelby Twp., MI 48318 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/29/2024</u> Date	<u>\$ 885</u>
Expenditure #2 Name Christian Brothers Auxiliary Address 14600 Common Rd. Warren, MI 48088 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/26/2024</u> Date	<u>\$ 940</u>
Expenditure #3 Name Macomb County Dems Address P.O. Box 46699 Mount Clemens, MI 48046 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/28/2024</u> Date	<u>\$ 100</u>
Expenditure #4 Name Capuchin Soup Kitchen Address 4390 Conner St. Detroit, MI 48215 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/08/2024</u> Date	<u>\$ 150</u>
Expenditure #5 Name USPS Address 7007 Metro Parkway Sterling Heights, MI 48311 <input type="checkbox"/> Fund Raiser	Purpose: <u>PO Box Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/18/2024</u> Date	<u>\$ 232</u>

Subtotal this page	\$2,307.00
Grand Total of all Schedules 1B (Complete on last page of Schedule)	\$19,768.31
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 Shelby Township Lions Club Address P.O. Box 182075 Shelby Township, MI 48318 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/25/2024</u> Date	\$ <u>700</u>
Expenditure #2 Name Squarespace Address 225 Varick Street New York City, NY 10014 <input type="checkbox"/> Fund Raiser	Purpose: <u>Web Page Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/04/2024</u> Date	\$ <u>20</u>
Expenditure #3 Name Saint Lawrence K of C 2950 Address 44633 Utica Rd Suite 100 Utica, MI 48317 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/05/2024</u> Date	\$ <u>500</u>
Expenditure #4 Name Meijer Supermarket Address 36600 Van Dyke Ave. Sterling Heights, MI 48312 <input type="checkbox"/> Fund Raiser	Purpose: <u>Office Supplies</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/11/2024</u> Date	\$ <u>110</u>
Expenditure #5 Name Marlinga For Congress Address 155 S. Main St. P.O. Box 672 Mt. Clemens, MI 48046 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/14/2024</u> Date	\$ <u>100</u>

Subtotal this page	\$1,430.00
Grand Total of all Schedules 1B (Complete on last page of Schedule)	\$19,768.31

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 Slotkin For Michigan Address P.O. Box 4145 East Lansing, MI 48826 <input checked="" type="checkbox"/> Fund Raiser	Purpose: Donation <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/19/2024 Date	\$ 100
Expenditure #2 Name Shelby Township Police Benevolent Association Address 52530 Van Dyke Ave. Shelby Twp., MI 48316 <input checked="" type="checkbox"/> Fund Raiser	Purpose: Donation <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/24/2024 Date	\$ 150
Expenditure #3 Name American Graphics Printing Address 34895 Groesbeck Hwy Clinton Twp., MI 48035 <input type="checkbox"/> Fund Raiser	Purpose: Mailing/Printing <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/15/2024 Date	\$ 14781.31
Expenditure #4 Name American Polish Century Club Address 33204 Maple Lane Dr. Sterling Heights, MI 48312 <input checked="" type="checkbox"/> Fund Raiser	Purpose: Donation <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/20/2024 Date	\$ 300
Expenditure #5 Name Sterling Heights FOP #118 Address 37445 Mound Road Sterling Heights, MI 48310 <input checked="" type="checkbox"/> Fund Raiser	Purpose: Donation <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/25/2024 Date	\$ 700

Subtotal this page	\$16,031.31
Grand Total of all Schedules 1B (Complete on last page of Schedule)	\$19,768.31

Enter this total
on line 8a of
Summary Page