



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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MACOMB COUNTY CLERK

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: 07/21/2024 to 10/20/2024

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**

2. Committee Name

CTE Liz Sierawski

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

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

Area Code and Phone (586) 977-0143

Area Code and Phone

9. TYPE OF STATEMENT

9a. ☐ 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 ()
Coverage Year

9d. ☐ 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 [Signature] Date 10/23/2024
Type or Print Name Signature

Candidate Elisabeth M Sierawski [Signature] Date 10/23/2024
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>\$869.14</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>\$869.14</u>	(23.) \$ <u>\$28,461.93</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>\$17,249.63</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>\$17,249.63</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$869.14</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$16,380.49</u>	*



**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 Twp., MI 48318 <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	07/23/2024 Date	\$ 125
Expenditure #2 Name Macomb Families & Business Coalition Address 44000 Garfield Road #100 Clinton Twp., MI 48038 <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	07/31/2024 Date	\$ 100
Expenditure #3 Name Grand Hotel Address 286 Grand Avenue Mackinac Island, MI 49757 <input type="checkbox"/> Fund Raiser	Purpose: Municipal League Conference <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/16/2024 Date	\$ 344.14
Expenditure #4 Name American Polish Century Club Address 33204 Maple Lane Dr. 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	09/17/2024 Date	\$ 300
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Subtotal this page			\$869.14
Grand Total of all Schedules 1B (Complete on last page of Schedule)			\$869.14

Enter this total
on line 8a of
Summary Page