



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED 2025 SEP 3 PM 1:59
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: 07/21/2025 to 08/25/2025

1. Committee I.D. Number

139348

2. Committee Name

CTE Liz Sierawski

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 (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

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.)

Pre-Election or Post-Election Statement relates to:

☒ Primary

☐ General

☐ Convention

☐ Special

☐ School

☐ Caucus

Date of Election, Convention or Caucus

08/05/2025

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 09/03/2025

Candidate Elisabeth M. Sierawski

Type or Print Name

Signature

Date 09/03/2025



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>8,250.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$8,250.00</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>\$8,250.00</u>	(20.) \$ <u>\$77,435.00</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>\$18,949.45</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>\$18,949.45</u>	(23.) \$ <u>\$66,367.91</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>\$34,373.96</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$8,250.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>\$42,623.96</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$18,949.45</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$23,674.51</u>	*



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/26/2025</u> Name & Address: ROBIN WESNER 40243 IRVING DRIVE STERLING HEIGHTS, MI 48313		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/26/2025</u> Name & Address: Eranda Nikolla 168 Melanie Lane Troy, MI 48098		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/27/2025</u> Name & Address: Anthony Urbani 42500 Hayes Road, Suite 100 Clinton Twp, MI 48038		\$ <u>200</u>	\$ <u>400</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self</u> Business Address <u>42500 Hayes Road, Suite 100 Clinton Twp, MI 48038</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/28/2025</u> Name & Address: Michael Schodowski 29275 Stephenson Hwy Madison Heights, MI 48071		\$ <u>200</u>	\$ <u>400</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Shelving Inc.</u> Business Address <u>29275 Stephenson Hwy, Madison Heights, MI 48071</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$600.00

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

\$8,250.00

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/28/2025</u> Name & Address: <u>Jan Lee</u> <u>600 Manotic Drive</u> <u>Lakeville, MI 48367</u>		\$ <u>500</u>	\$ <u>650</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/30/2025</u> Name & Address: <u>Michael Torres</u> <u>5865 Jackelyn Court</u> <u>Washington Twp, MI 48094</u>		\$ <u>1000</u>	\$ <u>1000</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Contractor</u> Employer <u>Self</u> Business Address <u>5865 Jackelyn Court, Washington Twp, MI 48094</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/30/2025</u> Name & Address: <u>Ralph Maccarone</u> <u>13921 Basillisco Chase Drive</u> <u>Shelby Twp, MI 48315</u>		\$ <u>100</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self</u> Business Address <u>13921 Basillisco Chase Dr, Shelby Twp, MI 48315</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/04/2025</u> Name & Address: <u>Allison Lustig</u> <u>5764 Bloomfield Glens Road</u> <u>West Bloomfield, MI 48322</u>		\$ <u>2450</u>	\$ <u>2450</u>
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		Click Here for Memo Itemization	

Page Subtotal \$4,050.00

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

\$8,250.00

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/06/2025</u> Name & Address: <u>Alan Baskins</u> <u>29200 Northwestern Hwy, Suite 450</u> <u>Southfield, MI 48034</u>		\$ <u>1000</u>	\$ <u>1000</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/06/2025</u> Name & Address: <u>William Barnwell</u> <u>5182 Cutty Lane</u> <u>Warren, MI 48092</u>		\$ <u>200</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self</u> Business Address <u>5182 Cutty Lane, Warren, MI 48092</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/08/2025</u> Name & Address: <u>Wesam Younis</u> <u>4913 Maceri Circle</u> <u>Sterling Heights, MI 48314</u>		\$ <u>1200</u>	\$ <u>2450</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Appraiser</u> Employer <u>Self</u> Business Address <u>4913 Maceri Circle, Sterling Heights, MI 48314</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/08/2025</u> Name & Address: <u>Lourd Younis</u> <u>4913 Maceri Circle</u> <u>Sterling Heights, MI 48314</u>		\$ <u>1200</u>	\$ <u>2450</u>
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		Click Here for Memo Itemization	

Page Subtotal \$3,600.00

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

\$8,250.00

Enter this total on
line 3a 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 <u>American Graphics Printing</u> Address <u>34895 Groesbeck Hwy</u> <u>Clinton Twp, MI 48035</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing/Mailing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/31/2025</u> Date	\$ <u>12940.28</u> Click Here for Memo Itemization Type
Expenditure #2 Name <u>C & G Newspapers</u> Address <u>13650 E. 11 Mile Road</u> <u>Warren, MI 48089</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Advertisements</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/14/2025</u> Date	\$ <u>5487</u> Click Here for Memo Itemization Type
Expenditure #3 Name <u>American Graphics Printing</u> Address <u>34895 Groesbeck Hwy</u> <u>Clinton Twp, MI 48035</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/24/2025</u> Date	\$ <u>522.17</u> Click Here for Memo Itemization Type
Expenditure #4 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	\$ _____ Click Here for Memo Itemization Type
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	\$ _____ Click Here for Memo Itemization Type
Subtotal this page			\$18,949.45
Grand Total of all Schedules 1B (Complete on last page of Schedule)			\$18,949.45

Enter this total
on line 8a of
Summary Page