

CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

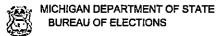
COVER PAGE					
Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and ca	signed by Indidate.	3. This Statement covers From	n: 07/21/2025	to 08/25	5/2025
1. Committee I.D. Number	•	4. Candidate Last Name	First	Name	M.I.
139348		Sierawski	Elisabeth	-	М
2. Committee Name		4a. Office Sought Including Di	•	Served (If ap	plicable)
		Sterling Heights City	Council		
CTE Liz Sierawski		4b. County of Residence MA	СОМВ		
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 commitmailing address on the Statement of Organization, in be sent to this address by the filing official.	ttee nail may	Area Code & Phone (586) 97	77-0143		
7. Treasurer's Business Address 40426 William Dr. Sterling Heights, MI 48313		Designated Record Keeper Designated Record Keeper)	r's Name and Addres	s (If the comm	nittee has a
Area Code and Phone (586) 977-0143		Area Code and Phone	9e. Dissolution o	f Candidata (Pammitto
9. TYPE OF STATEMENT	Required ON	ILY if candidate	9e. Dissolution of	r Candidate C	Jommittee
9a. Pre-Election OR 9b. Post-Election	is not on the current year:	ballot for the	By checking th	ils item I/We o	ertify any outstanding debt e or his or her spouse is here
Pre-Election or Post-Election Statement relates to:	_		by discharged and	forgiven, and	no longer collectible from as no oustanding assets,
⊠Primary	July Quart	erly	owes no lates fees		
General	October Q	uarterly	Further, if the disso	lution cannot	be granted, that this be
Convention			considered a reque	st for the Rep	orting Waiver.
☐Special	9c.	I Statement ()			
School		Coverage Year	Effective	date of dissol	ution
☐Caucus	Comp	dment to Campaign Statement blete Item 9a, 9b, 9c or 9e to te which Statement is being led.)	Note: The dispositi		funds must be reported on Page.
Date of Election, Convention or Caucus					
08/05/2025	1				
10. Verification: I/We certify that all reasonable dilige my/our knowledge and belief the contents are true, a			nent and attached sch	nedules (if any	r) and to the best of
Current Treasurer or Elisabeth M. S		Lucy	ulu un		09/03/2025
Designated Record keeper		Signature	-u -v -	— Date —	
Candidate Elisabeth M. Sierawski		, Dreway &	lun	Date	09/03/2025
Type or Print Name		Signature	- -		

1. Committee I.D. Number 139348

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name CTE Liz Sierawski

RECEIPTS		Column I	Column II
3. Contributions		This Period	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ _	8,250.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$	\$8,250.00	(18.) \$ \$0.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _	\$0.00	(19.) \$ _\$0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ _	\$8,250.00	(20.) \$ \$77,435.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		•	
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ _	\$0.00 	(21.) \$ \$0.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u></u>	\$0.00	(22.) \$ \$0.00
EXPENDITURES			
8. Expenditures		• • • • • • •	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ _	\$18,949.45 	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _	\$0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _	\$0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ _	\$18,949.45	(23.) \$ \$66,367.91
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$_	\$0.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.)\$_	\$0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ _		(24.) \$ \$0.00
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(, 4 -		(=, •
a. Owed by the Committee (Schedule 1E)	(12a.)\$_	\$0.00	
b. Owed to the Committee (Schedule 1E)	(12b.)\$_	\$0.00	
	BALA	NCE STATEMENT	
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	,	\$34,373.96	
14. Amount received during reporting period		\$8,250.00	
(Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14		\$42,623.96	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	\$18,949.45	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	\$23,674.51	



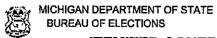
ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number _____

2. Committee Name CTE Liz Sierawski

middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	e, 6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/26/2025 Name & Address: ROSIN WESNER ROSIN WESNER ROSIN WESNER ROSIN WALDRING ROS	_	
	_{\$} 100	_{\$} 100
5. If over \$100.00 cumulative, please provide:		
Occupation Employer	Click Here to —	or Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	<u> </u>	
Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/26/2025 Name & Address	_	
Eranda Nikolla		
168 Melanie Lane Troy, MI 48098	_{\$} 100	_{\$} 100
5. If over \$100.00 cumulative, please provide:	Click Here fo	or 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 07/27/2025 Name & Address:		
Anthony Urbani 42500 Hayes Road, Suite 100 Clinton Twp, MI 48038	_{\$} _200	_{\$} 400
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Attorney Employer Self		
Business Address 42500 Hayes Road, Suite 100 Clinton Twp, MI 48038		
Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/28/2025 Name & Address		
Michael Schodowski 29275 Stephenson Hwy Madison Heights, MI 48071	_{\$} 200	_{\$_} 400
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Owner Employer Shelving Inc.		I WEITO RELIEZBROTI
Business Address 29275 Stephenson Hwy, Madison Heights, MI 48071		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Sub	total \$600.00	
Grand Total of All Schedules		
(Complete on last page of Sched	Enter this total on line 3a of Summary Page.	- '



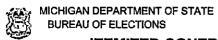
ITEMIZED CONTRIBUTIONS SCHEDULE 1A

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 07/28/2025 Name & Address:	_	
Jan Lee 600 Manotic Drive Lakeville, MI 48367	_{\$} 500	_{\$} 650
5. If over \$100.00 cumulative, please provide: Occupation Retired Employer	Click Here fo	r Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/30/2025 Name & Address		
Michael Torres 5865 Jackelyn Court Washington Twp, MI 48094	_{\$} 1000	_{\$} 1000
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Contractor Employer Self		
Business Address 5865 Jackelyn Court, Washington Twp, Ml 48094		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/30/2025 Name & Address:	<u> </u>	
Ralph Maccarone 13921Basilisco Chase Drive Shelby Twp, MI 48315	_{\$} 100	_{\$} 200
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Attorney Employer Self		·
Business Address 13921 Basilisco Chase Dr, Shelby Twp, MI 48315		
Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/04/2025 Name & Address		•
Allison Lustig 5764 Bloomfield Glens Road West Bloomfield, Ml 48322	_{\$} 2450	_{\$} 2450
5. If over \$100.00 cumulative, please provide:	Click Hore for	Memo Itemization
Occupation Housewife Employer	Click nere for	wemo temization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	<u> </u>	
Page Subtotal	\$4,050.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$8,250.00]
Page 2 of 3	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 contr	ontribution is from an individuribution is from a Political Cone egardless of amount.			6, Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Alan Baskins 29200 Northwes Southfield, MI 48			eceit	ot 08/06/2025	_{\$} 1000	_{\$} 1000
5. If over \$100.00 cum Occupation Retired	ulative, please pro	vide: _ Employer			Click Here fo	r Memo Itemization
Business Address Type of Contribution:	Direct	Loan from a person		Fund Raiser		
3. Contribution #2 Name & Address	PAC Receipt?	YES 4. Date of Re	ceip	ot 08/06/2025		
William Barnwel 5182 Cutty Land Warren, MI 4809)				_{\$} 200	_{\$} 200
5. If over \$100.00 cumo Occupation Attorney	ılative, please prov	ride: Self			Click Here for	Memo Itemization
Business Address 518	2 Cutty Lane, Wa					
Type of Contribution:		Loan from a person		Fund Raiser		
3. Contribution # 3 Name & Address:	PAC Receipt?	YES 4. Date of Re	ecei	pt 08/08/2025		
Wesam Younis 4913 Maceri Cir Sterling Heights					_{\$} 1200	_{\$} 2450
5. If over \$100.00 cum	ulative, please prov	vide:			Click Here for	Memo Itemization
Occupation Appraiser		Employer Self				
Business Address 4913	Maceri Circle, Ste	rling Heights, MI 48314	_			
Type of Contribution:		Loan from a person		Fund Raiser		
3. Contribution # 4 Name & Address	PAC Receipt?	YES 4, Date of R	Rece	ipt 08/08/2025		
Lourd Younis 4913 Maceri Circ Sterling Heights					_{\$} 1200	_{\$_} 2450
5. If over \$100.00 cum		vide:			Click Horo for	Memo Itemization
Occupation Housewi	fe	_ Employer			Click nere for	wemo temization
Business Address						
Type of Contribution:	✓ Direct	Loan from a person		Fund Ralser		
				Page Subtotal	\$3,600.00	
		/ Co		and Total of All Schedules 1A lete on last page of Schedule)	\$8,250.00	
Page 3 of 3		(00	,,,ih,	ioto on last page of outcome)	Enter this total on line 3a of Summary Page.	-



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

139348

1. Committee I, D, Number		
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 American Graphics Printing		07/31/2025	s 12940.28
,	Purpose: Printing/Mailing	Date	\$ 12545.20
Address 34895 Groesbeck Hwy	Purpose:		
Clinton Twp, MI 48035	Click I	tere for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #2	statement		
·		00/44/0005	
Name C & G Newspapers		08/14/2025	\$ 5487
Address	Purpose: Advertisements	Date	
13650 E. 11 Mile Road	Turpeso.		
Warren, MI 48089	Click F	lere for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #3	statement		
•			
Name American Graphics Printing		08/24/2025	s 522,17
Address	Rumasa, Printing	Date	<u> </u>
34895 Groesbeck Hwy	Purpose: Finality		
Clinton Twp, MI 48035	Click H	lere for Memo I	temization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4	datement		
Name			
			\$
Address	Purpose:	Date	
	Click F	lere for Memo I	temization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5	Satement		
Name			
Name			\$
Address	Purpose:	Date	Ψ
	ent to	Jana for Marie	itamination To-
	Click F Check box if this expenditure is payment of	tere for Memo i	Itemization Type
П	debt or obligation reported on previous		
Fund Raiser	statement		
	Subto	tal this page	\$18,949.45
	Grand Total of all	Schedules 1B	\$18,949.45
	(Complete on last page		ψ10,548.40

Enter this total on line 8a of Summary Page

1 1 Page _____ of ____