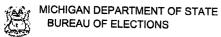


## CANDIDATE COMMITTEE COVER PAGE

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: 01/01/2025 to 07/20/2025				
1. Committee I.D. Number		Candidate Last Name	First	Name	M.I.	
139348		Sierawski	Elisabe	th	M	
2. Committee Name		4a. Office Sought Including District # or Community Served (If applicable)				
2. Committee Name		Sterling Heights City Council				
CTE Liz Sierawski		4b. County of Residence MAC	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 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		Designated Record Keeper'     Designated Record Keeper)	's Name and Addres	s (If the committee	has a	
Area Code and Phone (586) 977-0143		Area Code and Phone				
9. TYPE OF STATEMENT		L.	9e. Dissolution o	of Candidate Com	nittee	
9a. Pre-Election OR 9b. Post-Election  Pre-Election or Post-Election Statement relates to:  Primary	Required ON is not on the current year:		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 oustanding assets, owes no lates fees or has any oustanding debt.			
General Convention	October C	uarterly	Further, if the disso considered a reque	lution cannot be gr est for the Reporting	anted, that this be g Waiver.	
Special School	9c. Annual Statement () Coverage Year		Effective date of dissolution			
Caucus	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)		Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.			
Date of Election, Convention or Caucus						
08/05/2025						
10. Verification: I/We certify that all reasonable dilig	ence was used	in the preparation of this stateme	ı ent and attached scl	nedules (if any) and	to the best of	
Current Treasurer or Designated Record keeper  Elisabeth M. Si  Type or Print Name		Muanum Signature	linh	Date	05/2025	
Candidate Elisabeth M. Sierawsk	· · · · · · · · · · · · · · · · · · ·	//	m	Date08/	/05/2025	
Type or Print Name	·	<b>≪</b> Signature				



## 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 06/18/2025  Stephen Rabaut 16931 19 Mile Rd Ste 100 Clinton Twp, MI 48038	<sub>s</sub> 100	, 200	
5. If over \$100.00 cumulative, please provide:		<u> </u>	
Occupation Attorney Employer Self-employed	Click Here for Memo Itemization		
Business Address 16931 19 Mile Rd Ste100, Clinton Twp, MI 48038			
Type of Contribution: Direct Loan from a person Fund Raiser			
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/18/2025  Name & Address	Section 2 to the section of the sect		
Paul Misukewicz 8300 Hall Rd Ste 201 Utica, MI 48317	<u>\$</u> 200	<sub>\$</sub> 200	
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization	
Occupation Attorney Employer Self-employed			
Business Address 8300 Hall Rd Ste 201, Utica MI 48317			
Type of Contribution: ☐ Direct ☐ Loan from a person 🐓 Fund Raiser			
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/18/2025	The section becomes that I also the section of a section of an action of a section		
Ronald Marsh 43550 Elizabeth Rd STE 200 Clinton Twp, MI 48036	<u>\$ 100</u>	<sub>\$</sub> 100	
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization	
Occupation Employer		Carried	
Business Address  Type of Contribution: □ Direct '_oan from a person   Fund Raiser			
Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/18/2025  lame & Address			
John Long			
31148 Woodview Dr. Chesterfield Tup, MI 48047	<sub>\$</sub> 200	<sub>s</sub> 200	
5. If over \$100.00 cumulative, please provide:			
Occupation President Employer Tri-County Chamber	Click Here for	Memo Itemization	
Business Address <u>59 N. Walanct St. Ste 206, AH. Clemens, MT. 480</u> Type of Contribution: Direct Loan from a person V Fund Raiser	<i>†</i> 3		
Page Subtotal	\$600.00		
Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$36,950.00		
Page 13 of 30	Enter this total on line 3a of Summary Page.		