



**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: <u>01/01/2025</u> to <u>07/20/2025</u>	
1. Committee I.D. Number <b>139348</b>	4. Candidate Last Name <b>Sierawski</b> First Name <b>Elisabeth</b> M.I. <b>M</b> 4a. Office Sought Including District # or Community Served (If applicable) <b>Sterling Heights City Council</b> <input checked="" type="checkbox"/> 4b. County of Residence <b>MACOMB</b> <input checked="" type="checkbox"/>
2. Committee Name <b>CTE Liz Sierawski</b>	6. Treasurer's Name & Residential Address <b>Elisabeth M. Sierawski</b> <b>40426 William Dr.</b> <b>Sterling Heights, MI 48313</b> Area Code & Phone <u>(586) 977-0143</u>
5. Committee's Mailing Address <b>40426 William Dr.</b> <b>Sterling Heights, MI 48313</b> 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.	8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)    Area Code and Phone _____
7. Treasurer's Business Address <b>40426 William Dr.</b> <b>Sterling Heights, MI 48313</b> Area Code and Phone <u>(586) 977-0143</u>	
9. TYPE OF STATEMENT 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input checked="" 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 <u>08/05/2025</u>	Required ONLY if candidate is not on the ballot for the current year: <input 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> Signature <u>[Signature]</u> Date <u>08/05/2025</u> Candidate <u>Elisabeth M. Sierawski</u> Signature <u>[Signature]</u> Date <u>08/05/2025</u>	



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>06/18/2025</u>	
Name & Address: <u>Stephen Rabaut</u> <u>16931 19 Mile Rd Ste 100</u> <u>Clinton Twp, MI 48038</u>		\$ <u>100</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self-employed</u> Business Address <u>16931 19 Mile Rd Ste 100, Clinton Twp, MI 48038</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/18/2025</u>	
Name & Address: <u>Paul Misukewicz</u> <u>8300 Hall Rd Ste 201</u> <u>Utica, MI 48317</u>		\$ <u>200</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self-employed</u> Business Address <u>8300 Hall Rd Ste 201, Utica MI 48317</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/18/2025</u>	
Name & Address: <u>Ronald Marsh</u> <u>43550 Elizabeth Rd STE 200</u> <u>Clinton Twp, MI 48036</u>		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/18/2025</u>	
Name & Address: <u>John Long</u> <u>3114B Woodview Dr.</u> <u>Chesterfield Twp, MI 48047</u>		\$ <u>200</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>Tri-County Chamber</u> Business Address <u>59 N. Walnut St. Ste 206, Mt. Clemens, MI 48043</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" 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) \$36,950.00

Enter this total on  
line 3a of Summary  
Page.