

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: 10/20/2025 to 11/24/2025			
1. Committee I.D. Number		4. Candidate Last Name	First Name	M.I.	
139348		Sierawski	Elisabeth	М	
		4a. Office Sought Including Dis	trict # or Community Served	(If applicable)	
2. Committee Name		Sterling Heights City Council			
CTE Liz Sierawski		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 commmailing address on the Statement of Organization, be sent to this address by the filing official.	ittee mail may	Area Code & Phone (586) 97	7-0143		
7. Treasurer's Business Address 40426 William Dr. Sterling Heights, MI 48313		Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)			
(FOC) 077 0442					
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:	Required ONLY if candidate is not on the ballot for the current year:		by the committee to the car by discharged and forgiven	/We certify any outstanding debt ndidate or his or her spouse is here , and no longer collectible from	
Primary	July Quart	erly	the committee. The committee on the committee or has a	ittee has no oustanding assets, ny oustanding debt.	
	October C	uarterly			
X General		•	Further, if the dissolution ca considered a request for the	ennot be granted, that this be	
Convention				,	
Special School	^{9c.} Annua	i 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 res Schedule 1B and the Summ	sidual funds must be reported on mary Page.	
Date of Election, Convention or Caucus					
11/04/2025	ļ				
10. Verification: I/We certify that all reasonable diliging/our knowledge and belief the contents are true,	ence was used accurate and co	in the preparation of this statement of the preparation of this statement in the preparation of the preparat	ent and attached schedules	(if any) and to the best of	
Current Treasurer or Designated Record keeper	Bierawski	Durus	U ULDate	11/30/2025	
Type or Print Name		Signature			
Candidate Elisabeth M. Sierawski		Minne	V uv Date	11/30/2025	
Type or Print Name	ı	Signature			

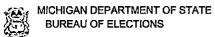
Authority granted under P.A. 388 of 1976

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		Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 4,350.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$_\$4,350.00	(18.) \$ \$106,915.00
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.) \$ \$4,350.00	(20.) \$ \$106,915.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-JK, Column 7)	(6.) \$ \$0.00	(21.) \$ \$0.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _\$0.00	(22.) \$ \$0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 	
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.) \$ \$7,489.70	(23.) \$ \$107,772.70
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
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.) \$ \$0.00	(24.) \$ \$0.00
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11-) \$	(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.) \$ _\$0.00	-
b. Owed to the Committee (Schedule 1E)	(12b.)\$ \$0.00	_
 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15) 	### BALANCE STATEMENT (13.) \$ \$14,889.42 (14.) + \$ \$4,350.00 (15.) = \$ \$19,239.42 (16.) - \$ \$7,489.70 (17.) \$ \$11,749.72	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

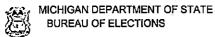
CANDIDATE COMMITTEE

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? YES 4. Date of Receipt 11/02/2025 Name & Address: Ronald L. Marsh 43550 Elizabeth Rd. Suite 200			
Clinton Twp., MI 48038	_{\$} 100	_{\$} 200	
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization		
Occupation Attorney Employer Self-employed		, , , , , , , , , , , , , , , , , , , ,	
Business Address 43550 Elizabeth Rd. Suite 200, Clinton Twp., MI 48038			
Type of Contribution: Direct Loan from a person Fund Raiser			
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 11/02/2025 Name & Address			
Sherman M Abdo 12900 Hall Rd. Suite 405 Sterling Heights, MI 48313	_{\$} 500	_{\$} _1000	
5. If over \$100.90 cumulative, please provide:	Click Here for	Memo Itemization	
Occupation Attorney Employer Self-employed			
Business Address 12900 Hall Rd. Suite 405, Sterling Heights, MI 48313			
Type of Contribution: Direct Loan from a person Fund Raiser		•	
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 11/02/2025 Name & Address:			
Conservative PAC 11927 Hiawatha Dr. Shelby Twp., MI 48315	_{\$} 250	_{\$} 250	
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization	
Occupation Employer			
Business Address			
Type of Contribution: Direct Loan from a person Fund Raiser			
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 11/02/2025 Name & Address			
Elizabeta Tevdoska 47310 Beacon Square Drive Macomb Twp., MI 48044	_{\$} 500	_{\$} 500	
5. If over \$100.00 cumulative, please provide:	Oliak Hana fan	Memo Itemization	
Occupation Housewife Employer	Click Here lor	Memo temization	
Business Address			
Type of Contribution: Direct Loan from a person Fund Raiser			
Page Subtotal	\$1,350.00	'	
Grand Total of All Schedules 1A	\$4,350.00		
(Complete on last page of Schedule) Pageof	Enter this total on line 3a of Summary Page.	•	



ITEMIZED CONTRIBUTIONS **SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number

2. Committee Name

139348	

CTE Liz Sierawski

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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount 7. Cumulative for middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Election Cycle for Each Committee (PAC) Report all contributions regardless of amount. Contributor (Through date of receipt) 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 11/03/2025 Name & Address: Chaldean Chamber PAC 2075 Walnut Lake Road 700 500 West Bloomfield, MI 48323 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation _ ___ Employer_ Business Address _ Type of Contribution: | Direct Loan from a person Fund Raiser PAC Receipt? YES 4, Date of Receipt 11/03/2025 3. Contribution #2 Name & Address **UAW Michigan V-PAC** _s 2500 2500 8000 E. Jefferson Detroit, MI 48214-3963 Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Occupation . Business Address Type of Contribution: | Direct Fund Raiser Loan from a person PAC Receipt? 3. Contribution #3 4. Date of Receipt Name & Address: Click Here for Memo Itemization 5. If over \$100,00 cumulative, please provide: Employer_ Occupation_ Business Address Type of Contribution: Loan from a person **Fund Raiser** 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt Name & Address 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation ___ Employer _ Business Address Type of Contribution: Fund Raiser Direct Loan from a person Page Subtotal \$3,000.00 Grand Total of All Schedules 1A \$4,350.00 (Complete on last page of Schedule) Enter this total on 2 2 Page___ of line 3a of Summary



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 Vote Chase		10/23/2025	s 2566.60
Address	Purpose: Voter Lists for Text Messages	Date	
8 Green Street	Purpose: Voter Lists for Text Messages		
Dover, DE 19901	Click Here for Memo Itemization Type		
20.0., 22 10001	Charle have if the annual library in annual of		
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name Vote Chase		10/28/2025	
			\$ 2477.85
Address	Purpose: Voter Lists for Text Messages	Date	
8 Green Street			
Dover, DE 19901	Click Here for Memo Itemization Type		
•	Chark hav if this expanditure is normant of		
Deminion.	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raîser	statement		
Expenditure #3			
Name Vote Chase		44/00/0005	
10.0 0.1.000		11/03/2025	\$ 2445.25
Address	Purpose: VoterLists for Text Messages	Date	
8 Green Street			
Dover, DE 19901	Click H	ere for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #4	statement		-
Name			
		Date	\$
Address	Purpose:	Bato	
	Click H	ere for Memo I	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #5			
Name			
			\$
Address	Purpose:	Date	
	Oliver 11		
	Check box if this expenditure is payment of	ere for Memo	Itemization Type
_	debt or obligation reported on previous		
Fund Raiser	statement		
	Subtot	al this page	\$7,489.70
	A 1-114 H		
	Grand Total of all S		\$7,489.70

(Complete on last page of Schedule)

Enter this total on line 8a of Summary Page

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