



Michigan Department of State Campaign Finance Compliance Affidavit: Post Election

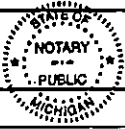
- **Who should file?** Michigan election law requires this form to be filed by any candidate subject to the Michigan Campaign Finance Act who is elected to a state, county, city, township, village or school office and who has spent or received more than \$1,000 during the election cycle. (MCL 168.848.)
- **When to file?** This form must be filed before the candidate assumes office. (An elected candidate subject to the Campaign Finance Compliance Affidavit filing requirement who fails to submit this form prior to assuming office is guilty of a misdemeanor.)
- **Where to file?** This form must be submitted to the filing official designated to receive the elected candidate's campaign finance disclosure filings.
- **Questions?** If you need information on your current compliance status under the Michigan Campaign Finance Act, contact the Michigan Department of State's Bureau of Elections and/or the appropriate county clerks as necessary.

By signing this affidavit, I swear (or affirm) that the facts contained in the statement set forth below are true.

At this date, all statements, reports, late filing fees, and fines due from me or any candidate committee organized to support my election to office under the Michigan Campaign Finance Act, PA 388 of 1976, have been filed or paid.

I further acknowledge that making a false statement in this affidavit is perjury - a felony punishable by a fine up to \$1,000 or imprisonment for up to 5 years, or both. (MCL 168.848, 933 and 936)

Name of candidate <u>Liz Sierawski</u>	
Committee ID number(s) <u>139348</u>	
Office you will assume <u>City Council</u>	District/Circuit number
Signature of candidate (signature must be witnessed by notary public) <u>[Signature]</u>	

Michigan notary public, County of <u>Macomb</u>	Acting in the County of <u>Macomb</u>
My commission expires <u>7/3/31</u>	Subscribed and sworn to (or affirmed) before me on this date <u>11/18/25</u>
Name of elected official <u>Liz Sierawski</u>	
Name of notary public <u>Melanie D Ryska</u>	
Signature of notary public <u>Melanie D Ryska</u>	 MELANIE D. RYSKA My Commission Expires July 3, 2031 County of Macomb Acting in the County of <u>Macomb</u>

The personally identifiable information collected on this form will be used by MDOS to complete the requested transaction. MDOS limits the amount of personally identifiable information to only that information which is relevant and necessary to complete your transaction. Please be aware that under the Federal Driver's Privacy Protection Act, 18 U.S.C. 2751, et seq. and the Michigan Driver's Protection law, MCL 257.208c, your personal information may be provided to third parties without additional prior notice or consent when permitted or required by law. As a public body, MDOS is subject to the Michigan Freedom of Information Act (FOIA), MCL 15.231 et seq., and information such as a name or address may be disclosed in response to a FOIA request pursuant to law.