MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED
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MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

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CANDIDATE COMMITTEE COVER PAGE

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: 11/25/2025 to 07/20/2026

1. Committee I.D. Number
139348

2. Committee Name
CTE LIZ SIERAWSKI

4. Candidate Last Name: SIERAWSKI First Name: ELISABETH M.I.: M

4a. Office Sought Including District # or Community Served (If applicable)
COUNCIL, STERLING HEIGHTS

4b. County of Residence **MACOMB COUNTY**

5. Committee's Mailing Address
40426 WILLIAM
STERLING HGTS, 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.

6. Treasurer's Name & Residential Address
ELISABETH SIERAWSKI
40426 WILLIAM
STERLING HGTS, MI 48313

Area Code & Phone (586) 713-8529

7. Treasurer's Business Address
40426 WILLIAM
STERLING HGTS, MI 48313

Area Code and Phone (586) 713-8529

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Area Code and Phone () -

9. **TYPE OF STATEMENT**

9a. ☐ Pre-Election **OR** 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

- ☐ Primary
- ☐ General
- ☐ Convention
- ☐ Special
- ☐ School
- ☐ Caucus

Date of Election, Convention or Caucus

Required ONLY if candidate is not on the ballot for the current year:

- ☒ July Quarterly
- ☐ October Quarterly

9c. ☐ Annual Statement (2026) Coverage Year

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b , 9c or 9e to indicate which Statement is being amended.)

9e. Dissolution of Candidate Committee

☐ 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.

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 _____ / _____ Submitted electronically, signature on file Date 07/27/2026
Type or Print Name Signature

Candidate _____ / _____ Submitted electronically, signature on file Date 07/27/2026
Type or Print Name Signature

Authority granted under P.A. 388 of 1976

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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			
a. Itemized (Schedule 1A - Column 6)	(3a.) $	0.00	
b. Unitemized (less than $20.01 each - no Schedule)	(3b.) $	NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) $	0.00	(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.) $	0.00	(20.) $ 0.00
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.) $	0.00	(22.) $ 0.00
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) $	1,311.80	
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.) $	1,311.80	(23.) $ 1,311.80
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.) $	0.00	(24.) $ 0.00
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed **by** the Committee (Schedule 1E)	(12a.) $	0.00	
b. Owed **to** the Committee (Schedule 1E)	(12b.) $	0.00	

BALANCE STATEMENT

13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) $	11,749.72
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + $	0.00
15. SUBTOTAL Add lines 13 and 14	(15.) = $	11,749.72
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - $	1,311.80
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) $	10,437.92 *

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 139348

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 SUZANNA SHKRELI FOR MICHIGAN Address PO BOX 1071 CLARKSTON, MI 48347 ☑ Fund Raiser	Purpose: DONATION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	12/16/2025 Date	$ 100.00
Expenditure #2 Name SAINT BALDRICK'S FOUNDATION Address 1333 MAYFLOWER AVE MONROVIA, CA 91016 ☐ Fund Raiser	Purpose: DONATION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/30/2026 Date	$ 200.00
Expenditure #3 Name AMAZON INC. Address 20110 WOODWARD AVE DETROIT, MI 48203 ☐ Fund Raiser	Purpose: CANDY FOR PARADE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/21/2026 Date	$ 361.80
Expenditure #4 Name AMERICAN POLISH CENTURY CLUB Address 33204 MAPLE LN DR STERLING HEIGHTS, MI 48312 ☑ Fund Raiser	Purpose: DONATION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/01/2026 Date	$ 250.00
Expenditure #5 Name SYLVIA GROT FOR STATE REPRESENTATIVE Address 11927 HIAWATHA DR SHELBY TOWNSHIP, MI 48315 ☑ Fund Raiser	Purpose: DONATION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/02/2026 Date	$ 100.00

Subtotal this page	1,011.80
Grand Total of all Schedules 1B (Complete on last page of Schedule)	

Enter this total on line 8a of Summary Page

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 139348

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 Address 8 GREEN STREET DOVER, DE 19901 ☐ Fund Raiser	Purpose: VOTER LISTS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/03/2026 Date	$ 50.00
Expenditure #2 Name JEREMY FISHER FOR CIRCUIT COURT JUDGE Address 31428 SARATOGA AVE WARREN, MI 48093 ☑ Fund Raiser	Purpose: DONATION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/14/2026 Date	$ 100.00
Expenditure #3 Name HUNTINGTON BANK Address PO BOX 1558 COLUMBUS, OH 43216 ☐ Fund Raiser	Purpose: SERVICE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/15/2026 Date	$ 150.00
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	Date	$
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	Date	$

Subtotal this page	300.00
Grand Total of all Schedules 1B (Complete on last page of Schedule)	1,311.80

Enter this total on line 8a of Summary Page