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: 10/21/19 to ~~10/05/19~~ 11-25-19 HY,

1. Committee I.D. Number	4. Candidate Last Name	First Name	M.I.
139728	Yanez	Henry	J

4a. Office Sought Including District # or Community Served (If applicable)
Board Member - Local Sterling Heights ▼

2. Committee Name

CTE Henry Yanez

4b. County of Residence **MACOMB** ▼

5. Committee's Mailing Address
CTE Henry Yanez
P.O. Box 7213
Sterling Heights, MI. 48311

Area Code and Phone (586) 321-3058

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
Henry Yanez
14052 Bery Dr.
Sterling Heights, MI. 48312

[FILED stamp: 19 DEC 18 AM 9:54]

Area Code & Phone _____

7. Treasurer's Business Address
N/A

Area Code and Phone _____

8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)
N/A

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

11/05/19

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

☐ July Quarterly

☐ October Quarterly

9c. ☐ Annual Statement (_____)
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 HENRY YANEZ
Type or Print Name
Signature *Henry Yanez*
Date 12/17/19

Candidate HENRY YANEZ
Type or Print Name
Signature *Henry Yanez*
Date 12/17/19

1. Committee I.D. Number __139728__

SUMMARY PAGE
CANDIDATE COMMITTEE

2. Committee Name __CTE Henry Yanez__

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) $ 3,250.00	
b. Unitemized (less than $20.01 each - no Schedule)	(3b.) $ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) $ $3,250.00	(18.) $ $8,785.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) $ $0.00	(19.) $ $13,048.06
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) $ $3,250.00	(20.) $ $21,833.06
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.) $ $2,699.29	
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.) $ $2,699.29	(23.) $ $10,665.84
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.) $ $57.00
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.) $ $10,559.51
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + $ $3,250.00
15. SUBTOTAL Add lines 13 and 14	(15.) = $ $13,809.51
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - $ $2,699.29
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) $ $11,110.22 *

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number __139728__

2. Committee Name __CTE Henry Yanez__

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** 10/21/19

Name & Address:
UAW V-PAC
8000 E. Jeffersson
Detroit, MI. 48214-3963

$1000 $1000

Click Here for Memo Itemization

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: [✔] Direct   [ ] Loan from a person   [ ] Fund Raiser

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3. Contribution #2 PAC Receipt? [✔] YES **4. Date of Receipt** 10/21/19

Name & Address
Plumbers Local 98 State PAC Fund
700 Tower Dr. Suite 300
Troy, MI. 48098

$1000 $1000

Click Here for Memo Itemization

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: [✔] Direct   [ ] Loan from a person   [ ] Fund Raiser

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3. Contribution # 3 PAC Receipt? [✔] YES **4. Date of Receipt** 10/21/19

Name & Address:
Citizens for Mike Radtke
34205 Barrett Dr.
Sterling Heights, MI. 48312

$50 $50

Click Here for Memo Itemization

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: [✔] Direct   [ ] Loan from a person   [✔] Fund Raiser

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3. Contribution # 4 PAC Receipt? [✔] YES **4. Date of Receipt** 10/24/19

Name & Address
North Macomb PAC
45451 Fielding
Macomb, MI. 48042

$200 $200

Click Here for Memo Itemization

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: [ ] Direct   [ ] Loan from a person   [ ] Fund Raiser

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Page Subtotal | $2,250.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number **139728**

2. Committee Name **CTE Henry Yanez**

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** 10/31/19

Name & Address:
Operating Engineers Local 324
State of Michigan PAC
500 Hulet Dr.
Bloomfield Twp., MI. 48302

$1000 $1000

5. If over $100.00 cumulative, please provide:

Occupation _____   Employer _____

Business Address _____

Type of Contribution: ✔ Direct   ☐ Loan from a person   ☐ Fund Raiser

Click Here for Memo Itemization ▼

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3. Contribution #2   PAC Receipt? ☐ YES   **4. Date of Receipt**

Name & Address

$_____ $_____

5. If over $100.00 cumulative, please provide:

Occupation _____   Employer _____

Business Address _____

Type of Contribution: ☐ Direct   ☐ Loan from a person   ☐ Fund Raiser

Click Here for Memo Itemization ▼

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3. Contribution # 3   PAC Receipt? ☐ YES   **4. Date of Receipt**

Name & Address:

$_____ $_____

5. If over $100.00 cumulative, please provide:

Occupation _____   Employer _____

Business Address _____

Type of Contribution: ☐ Direct   ☐ Loan from a person   ☐ Fund Raiser

Click Here for Memo Itemization ▼

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3. Contribution # 4   PAC Receipt? ☐ YES   **4. Date of Receipt**

Name & Address

$_____ $_____

5. If over $100.00 cumulative, please provide:

Occupation _____   Employer _____

Business Address _____

Type of Contribution: ☐ Direct   ☐ Loan from a person   ☐ Fund Raiser

Click Here for Memo Itemization ▼

Page Subtotal **$1,000.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule) **$3,250.00**

Enter this total on line 3a of Summary Page.

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **139728**

2. Committee Name **CTE Henry Yanez**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount

Expenditure #1

Name Bill Sowerby for State Representative

Address
37860 SADDLE LN
CLINTON TOWNSHIP, MI 48036

☑ Fund Raiser

Purpose: **Event ticket**

10/21/19
Date

$ 50

Click Here for Memo Itemization Type

☐ Check box if this expenditure is payment of debt or obligation reported on previous statement

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Expenditure #2

Name **UAW Strikers**

Address
27800 George Merrelli Dr, Warren, MI 48092

☑ Fund Raiser

Purpose: **Event ticket**

10/24/19
Date

$ 100

Click Here for Memo Itemization Type

☐ Check box if this expenditure is payment of debt or obligation reported on previous statement

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Expenditure #3

Name **Mass Mailing**

Address
35468 Mound Rd, Sterling Heights, MI 48310

☐ Fund Raiser

Purpose: **Mailing**

10/27/19
Date

$ 1808.99

Click Here for Memo Itemization Type

☐ Check box if this expenditure is payment of debt or obligation reported on previous statement

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Expenditure #4

Name **Jane Yanez**

Address
14052 Bery Dr.
Sterling Heights, MI. 348312

☐ Fund Raiser

Purpose: **Reimbursement**

10/27/19
Date

$ 640.30

Click Here for Memo Itemization Type

☑ Check box if this expenditure is payment of debt or obligation reported on previous statement

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Expenditure #5

Name JESSICA BRASCHAYKO

Address
44201 DEQUINDRE RD
TROY, MI. 48085

☑ Fund Raiser

Purpose: CHARITY EVENT

10/25/19
Date

$ 100.00

Click Here for Memo Itemization Type

☐ Check box if this expenditure is payment of debt or obligation reported on previous statement

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Subtotal this page $2,699.29

Grand Total of all Schedules 1B
(Complete on last page of Schedule) $2,699.29

Enter this total
on line 8a of
Summary Page