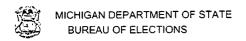


CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

COVER PAGE					
Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and ca	signed by andidate.	3. This Statement covers From:	6/2019	0 10/20/1	9
1. Committee I.D. Number	·	4. Candidate Last Name	First Nam	ne	M.I.
1397466		Wewgun	Hen	• /	<i>L</i>
•	,	4a. Office Sought Including Dist		ved (If applicable)	
2. Committee Name VARE IN HEAT NO.	`-(Warren Cit-	(Cannell		
Willes I New	wnan	4b. County of Residence	96000	-	
5. Committee's Mailing Address		6. Treasurer's Name & Resider	ntial Address	/ · · · ·	
17156 Gadi	•	Same as	Mbour	N. P.	
5. Committee's Mailing Address 27156 Gail Warms ME 44093) 2		THE OCT 25 PA	*
546-758-64	11.			OCT OMB	•
596- 758-69	(61			Ens 25	
Area Code and Phone If the address in this box is different from the commit				\ \(\sigma \) \(\sigma \) \(\sigma \)	
mailing address on the Statement of Organization, r		Area Cada & Bhana		₽	۳
be sent to this address by the filing official.		Area Code & Phone			
7. Treasurer's Business Address		8. Designated Record Keeper'	s Name and Address (If	the committee has a	
		Designated Record Keeper)		29 AN	
				•	
				åe;	
Area Code and Phone		Area Code and Phone			
9. TYPE OF STATEMENT	T	<u> </u>	9e. Dissolution of Ca	ndidate Committee	_ • •
		NLY if candidate	D	108/	
9a. Pre-Election OR 9b. Post-Election	is not on the current year	ballot for the	by the committee to the	em I/We certify any outs candidate or his or her	
Pre-Election or Post-Election Statement relates to:			by discharged and forgi	iven, and no longer colle	ectible from
<u> </u>	July Quart	erly	the committee. The colowes no lates fees or ha		•
Primary					
General	October C	Quarterly	Further, if the dissolution		
Convention			considered a request fo	r the Reporting Waiver.	
Special	9c	al Statement (
 ·	Annua	Coverage Year	Effective date	e of dissolution	
School	Amor	idment to Campaign Statement			
Caucus		plete Item 9a, 9b, 9c or 9e to	<u> </u>		
		te which Statement is being	Note: The disposition o Schedule 1B and the S		з геропеа оп
	amen	ded.)			
Date of Election, Convention or Caucus					
	<u> </u>			1 12 X 3 3 3	
10. Verification: I/We certify that all reasonable diligenty our knowledge and belief the contents are true, if	ence was used accurate and o	in the preparation of this statement complete.	ent and attached schedu	ies (if any) and to the b	est of
		9/1		•	1.0
Current Treasurer or	MAIAI	, Van Nu	\sim	111.74	, 19
Designated Record keeper Type or Print Name	<u> </u>	Signature	D	ate 10.0	
1 1 1		// //			
Henry Merina	n	1/m//m	_	oate _/0-24-	19
Candidate Type or Print Name	1	Signatura	D	oate 10 A	
I ype or Print Name	į	Signature			

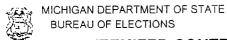


1. Committee I.D. Number ___

139788

	SUM	MAF	RY P	AGE	:
CAI	TADIDA	E C	OMI	TTIM	EE.

RECEIPTS Cumulative this election cycle This Period 3. Contributions (3a.) \$ 22,160.00 a. Itemized (Schedule 1A - Column 6) (3b.) \$ NOT APPLICABLE b. Unitemized (less than \$20.01 each - no Schedule) (18.)\$ 22,/60.00 (3c.) \$ **22,160.00** c. Subtotal of "Contributions" 4. Other Receipts (Schedule 1A -1, Column 6) (20.) \$ 22,160.00 (5.) \$22,160.00 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) **IN-KIND CONTRIBUTIONS & EXPENDITURES** (21.) \$ _____ 6. In-Kind Contributions (Schedule 1-IK, Column 7) (7.) \$ _____ (22.) \$ _____ 7. In-Kind Expenditures (Schedule 1B-IK, Column 6) **EXPENDITURES** 8. Expenditures (8a.) \$ 17,378,37 a. Itemized (Schedule 1B, Column 6) (8b.) \$ _____ b. Itemized Get-Out-the-Vote (Schedule 1B-G) c. Unitemized (less than \$50.01 each - no Schedule) (9.) \$ 17,378.37 (23.)\$ 17, 378.37 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) 10. Disbursements (10a.) \$ ______ a. Itemized (Schedule 1C, Column 6) b. Unitemized (less than \$50.01 each - no Schedule) 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) (11.) \$ _____ (24.) \$ **DEBTS AND OBLIGATIONS** 12. Debts and Obligations A(12a.) \$ 19500.00 a. Owed by the Committee (Schedule 1E) b. Owed to the Committee (Schedule 1E) BALANCE STATEMENT (13.) \$_____ 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) (14.) + \$ 22, 160.00 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) (15.) =\$ 22.160.0015. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (16.)- \$ 17. 378. 37 (Add lines 9 and 11) 17. ENDING BALANCE (17.) \$ 4,781.63 · (Subtract line 16 from line 15)

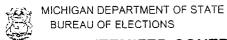


CANDIDATE COMMITTEE

1. Committee I.D. Number /39788
2. Committee Name Write in Henry Newnan

0 /1							
Enter contributor's name middle initial. Check box Committee (PAC) Report	to indicate if contr	ibution is from a	a Political Com	II, enter last name, mittee or an Indep	first name, endent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address:	PAC Receipt? Regian BOO Georg Tren, Milative, please prov		4. Date of Red relli Dr 48092		8-19	\$ 500.00	\$ 5 00.00
					·	Click Here for	Memo Itemization
Business Address							
Type of Contribution:	Direct	Loan from	a person	Fund Raiser			
3. Contribution #2 Name & Address	PAC Receipt?	YES	4. Date of Red	ceipt			
						\$	\$
5. If over \$100.00 cumu						Click Here for	Memo Itemization
Occupation		Employer					
Business Address							
Type of Contribution:	Direct [Loan from	a person	Fund Raise			
3. Contribution #3 Name & Address: Timothy K 16260 A Detroit, 5. If over \$100.00 cumul	PAC Receipt? ; een ppin NI48205 ulative, please pro	YES vide:	4. Date of Re	eceipt <u>/0 - 4</u>	^/1		\$ Memo Itemization
Occupation		Employer_				÷	
Business Address Type of Contribution:	Direct	Loan from	a person	Fund Raise			
3. Contribution # 4 Name & Address	PAC Receipt?	YES	4. Date of R	eceipt		\$	\$
5. If over \$100.00 cum	ılative, please pro	ovide:				Click Here for	Memo Itemization
Occupation		Employe	r				
Business Address						_	
Type of Contribution:	Direct	Loan from	a person	Fund Raiser		525.00	.
					Page Subtotal	900	_

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



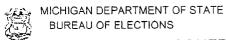
1. Committee I.D. Number 139788

2. Committee Name Write in Henry Newnan

CANDIDATE COMMINITIES 2. Committee Name 2.	11	7700017-1
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 7-28-19 Name & Address: Nike Berkowitz 1487 Oak Grove Dr	/00 A/I	10 h 6 D
5 If over \$100.00 cumulative, please provide:	\$	\$ /OO, OU
Occupation Employer Sierra Club of Michigan	2,131, 1,101,010	nonnadion
Business Address 10 9 E Cesar Chauez, Lansing, MT489% Type of Contribution: Direct Loan from a person Fund Raiser		
		F
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9-18-2019		
5683 Storrowet	s 25.00	s 25.00
Warren MI 48092		
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 9-13-2619 Name & Address:		
Carole Chi 35325 Moravia Dr	s 25.00	. 75 46
35325 Moral Hts, MZ48312-4449	y 0.00	\$ 25.00
Sternas \$100.00 cumulative places provide:	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		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 9-13-19 Name & Address	. •	
Pete Sutliff 3957 Berkshire Aue Warren, MI 48091	\$ /00.00	\$ 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer	Click Here fo	Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	250.00	
Grand Total of All Schedules 1A		_

(Complete on last page of Schedule) Enter this total on

line 3a of Summary Page.



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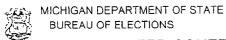
SCHEDULE 1A

1. Committee I.D. Number 139788
2. Committee Name Write in Henry Newnay

CANDIDATE COIVIVITITEE 2. Committee Name 2		// // // // // // // // // // // // //
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 9-18-19 Name & Address: Ark Dennings 25196 Independence Warren, MZ48889 5. If over \$100.00 cumulative, please provide:	s 20.00 Click Here f	§ 2∞.δο or Memo Itemization
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9-18-19 Name & Address Carry + Steve Finn 32631 Desmond Warren MI 4863 5. If over \$100.00 cumulative, please provide:		s_25.00 or Memo Itemization
Occupation Employer		•
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 9-18-19 Name & Address: Lorenzing Frances Marhoff 14728 Bin Brae Warren MZ 48088 5. If over \$100.00 cumulative, please provide: Occupation Employer		s 50.00
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt Name & Address David William Gassen Hockester, MI 48031 5. If over \$100.00 cumulative, please provide: Occupation Architect Employer Partners In Archite	\$ 50.00 Click Here for	s 150.00 or Memo Itemization
Business Address		
Page Subtota	145.00	
Grand Total of All Schedules 1A	•	

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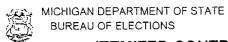


1. Committee I.D. Number /3 9 788

CANDIDATE COMMITTEE 2. Committee Name	rite In MI	enry Newnan
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 9-10-19 Name & Address: Mary M Hall- Ray for I 17101 U evonica Ave East pointe, MZ48021-4514 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser		s 25.00 for Memo Itemization
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9-18-19 Name & Address Andrew Duzy 1	50.04 \$Click Here for	or Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 9-18-19 Name & Address: Patrick Green 3929 Marlene Source Marken 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser		s /00;00
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 9-18-19 Name & Address Melody Magee 2 \$ 800 Timber line, Warren mzyrog! 5. If over \$100.00 cumulative, please provide: Occupation Chief Talent Officer Employer MCA Detroit Business Address 14801 W8 Mile Rl Detroit MI 48235 Type of Contribution: Direct Loan from a person Fund Raiser	Click Here fo	s 2 40. 6 0
Page Subtotal Grand Total of All Schedules 1A	215.00	
Charle Fotal of All Schedules TA	i	1

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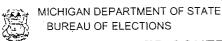
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ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number	/39788
2 Committee Name (1)	Trite in Henry Newman

CANDIDATE COMMITTEE 2. Committee Name	110 1111	< 11/1/VECONG9
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 7-3/-/9 Name & Address: C1E Lori Stone 27582 Euelyn Dayren MZ 48093 5. If over \$100.00 cumulative, please provide: M. 11 DD	\$ /00.68	4
Warren, MZ 48093	\$ 700.00	Ψ
OccupationEmployer Mi House of Representative	Click Here fo	or Memo Itemization
Occupation Employer 1 1170056 03 17491836 1100	60 C 1	
Business Address 25800 Timberline Dr. Warren Mi 4	807/	
Type of Contribution: X Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9/18/19 Name & Address		
18EW 1358 AbboHSt Detroit, MZ48226	s 250.00	s 250.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 9-18-19		entere en
CAE PIENTY JAMES	\$ 50.00	s 50.00
Name & Address: CIE Henry Janez POBOX7213 Sterling Hts, MZ48311 5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
	•	
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 9-/6-19		
Name & Address CTE Paul Woino 32025 MargaretCt Warren MZ48093-1191	\$ /00.00	s/00.00
		-
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person J Fund Raiser		
Page Subtotal	500.00	
Grand Total of All Schedules 1A		
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SCHEDULE 1A

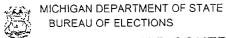
1. Committee I.D. Number /39788

lewna ~ **CANDIDATE COMMITTEE** 2. Committee Name 7. Cumulative for Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Election Cycle for Each Contributor (Through Committee (PAC) Report all contributions regardless of amount. date of receipt) 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt Name & Address: \$ 100,00 100.00 Click Here for Memo Itemization __ Employer __ Business Address Fund Raiser Type of Contribution: Direct Loan from a person 4. Date of Receipt 7 - 31-19 YES PAC Receipt? 3. Contribution #2 Name & Address Doccamino 27882 (050105 \$ 100.00 \$ 100.00 Warren MZ48093 Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Employer, Occupation _ Business Address Fund Raiser Type of Contribution: Direct Loan from a person 3. Contribution #3 PAC Receipt? 4. Date of Receipt 7-31-19 Name & Address: Ann Moran 27215 Goil · /00.00 Jarren, MZ 48093 Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Employer Occupation _ Business Address Fund Raiser Type of Contribution: Direct Loan from a person 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt Name & Address 50.00 50.00 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation _ Business Address Fund Raiser Type of Contribution: Direct Loan from a person Page Subtotal 350.00 Grand Total of All Schedules 1A

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Enter this total on line 3a of Summary

Page.



SCHEDULE 1A

CANDIDATE COMMITTEE

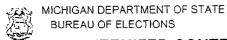
1. Committee I.D. Number	Writein	Penry	Wewnan
2. Committee Name	13978	8	•

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 7-12-19 Name & Address: Vincent William Klucens 13330 Diena Drive		
Warren, MI 48088-6654	\$ 50.00	\$ <u>50.00</u> ;
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer	•	
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt \(\frac{\frec{\frac{\frac{\frac{\frac{\frac{\fir}\frac{\frac{\frac{\frac{		
Gary Shimer		
Gary Shimer 15421 Marcy Warren MI48091	s 50.00	s 50.00
Warren MI48091	- 0	
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 8-7-19		
Name & Address: Diane Rottiers 15 200 Couzens Ave		
15200 Couzens Hue	\$ 100.00	\$ /00.00
Eastpointe, MZ48021-	Click Here fo	r Memo Itemization
5. If over \$100.00 cumulative, please provide:	Olick Field to	, Wello Remization
Occupation Employer	,	
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 7. 3/ 15	. •	
Melinda: Moore 115305 hort Dr. 115305 hort Dr.	s 200,00	_s 200.60
(,) arren 112		- ·
5. If over \$100.00 cumulative, please provide: Occupation Court Reporter Employer Free lance Reporters	Click Here fo	or Memo Itemization
Business Address Same		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	300,00	

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

310,60

Enter this total on line 3a of Summary Page.



1. Committee I.D. Number /39788

CANDIDATE COMMITTEE 2. Committee Name	rite in He	nry /Uewan
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 7-31-19 Name & Address: Ellen Gassen 403 Wilcox Rochester, MZ#80948367	s 25.00	s 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer	Click Here fo	or Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7-31-19		-
Name & Address David William Gassen 403 Wilcox Rochester MZ48037 5. If over \$100.00 cumulative, please provide:		\$/OO.OO
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7-31-19 Name & Address: I Se Novan Beach 1897 Palm Beach WPalm Beach Fla, 33409 5. If over \$100.00 cumulative, please provide:	\$ 50.00 Click Here fo	\$ 50.00
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 9-15-19 Name & Address CIE Meloidy Magee 25800 Timbe-lineDr 5. If over \$100.00 cumulative, please provide:	s 200.00	§200.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		-
Page Subtotal	312.0	_
Grand Total of All Schedules 1A	1	1

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

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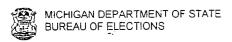


1, Committee I.D. Number	139788
3. Committee Name ()	rite in Henry Newnan

CANDIDATE COMMITTEE 2. Committee Name	HEINFIE	nry rocurari
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 7-2-19 Name & Address: Henry News		
Henry Newman 27156 Gail Dr Warren MZ48093 5. If over \$100.00 cumulative, please provide:	\$5,000.00	s 5000,00
5. If over \$100.00 cumulative, please provide: Occupation Refire L Employer NA	Click Here fo	or Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9-3-19		
Name & Address Henry Newnan		
Henry Newman 27156 Gail Dr Warren, MZ48093	\$ <u>5,000.00</u>	×10,000.00
5. If over \$100.00 cumulative, please provide: Occupation Refired Employer NIA	Click Here fo	r Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	·	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 6-13-19 Name & Address:		
Henry Newhan 27156 Gail Dr	· 4 6000	\$ 14,500.00
27156 601 Pr	<u> 1,300,0</u>	\$ 1 1, 3 00.00
Warren, M1 480 93 5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Retired Employer N/A	÷	
Business Address Type of Contribution: Direct		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address	. •	
Henry Newman 27156 Gail Dr	_	
27156 Gail Dr Warren MI 48093	s 5,000.00	s 19,500,00
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer D D D D D D D D D D D D D D D D D D D		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	19,500.00	
Grand Total of All Schedules 1A		

(Complete on last page of Schedule)

Enter this total on line 3a of Summary



1. Committee I. D. Number /39788

CANDIDATE COMMITTEE 2. Co	ommittee Name White in he	nry Ive	whah
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name City of Warren Treasurer Address One City Square, Suite 200 Warren, M248093	Purpose: AV Lists Click Check box if this expenditure is payment of	Date Here for Memo I	\$ <u></u> \$ 0.00 temization Type
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2 Name Mass Mailing LLC Address 35468 Mound Road Sterling Hts, MI48310	Purpose: Mailings	Date Here for Memo I	s <u>23/9.</u> /6 temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	f 	
Name Office Depot Address John Madison Ht, Mi Fund Raiser	Purpose: Copies d Flyers Click Check box if this expenditure is payment of debt or obligation reported on previous statement	TIETE TOT METHOT	/9 _{\$} <u>3/8.00</u> temization Type
Expenditure #4 Name Address Fund Raiser	Purpose: Click Check box if this expenditure is payment o debt or obligation reported on previous statement	Date There for Memo	\$temization Type
Expenditure #5 Name Address Fund Raiser	Purpose:	Date Here for Memo	\$ltemization Type
L Tuno Raiso	<u> </u>		2657.16

Enter this total on line 8a of Summary Page



1. Committee I. D. Number /39788 2. Committee Name Write in Henry New 1991

	4 Purpose (Poquired Information)	5. Date 6. Amount
Name and address of person or vendor to whom paid	Purpose (Required Information)	J. Date G. Artiourit
Expenditure #1 Name Michigan VAN Access Address Credit Authorization Service Land Sing, M248833 Fund Raiser	Purpose: LYAST HUThov, 2011	7-31-19 \$ 3.33 Here for Memo Itemization Type
Expenditure #2 Name Michigan UAN Access Address	Purpose: Cred Auth	8-31-19 s 7.38 Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Name Michigan UAN Access Address	Purpose: (a.d. Auth), Click	9-31-/9 \$ 6.90 Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #4 Name Christopher Marchione Address 29837 Roan Warren, Mi 48093	Purpose Consultant Click	<u>6-12-19</u> \$4500.00 Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	ſ
Expenditure #5 Name American Graphics Address 234895 Groesbeck Hwy Clinton Township, MZ 48035	Purpose: Mailer Click Check box if this expenditure is payment or debt or obligation reported on previous statement	Date \$ 1624.98 Here for Memo Itemization Type
		1//

Enter this total on line 8a of Summary Page



1. Committee I. D. Number 139788

2. Committee Name Write in Henry Newhon

CANDIDATE COMMITTEE 2. Co	ommittee Name (OTTIETY) // CITY 4/0E WITH
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information) 5. Date 6. Amount
Expenditure #1	0.00.0
Name WIX. Com	9-29-19 : 17.00
•	Purpose: Website Date
Address Po Box 40190	Purpose: Website
	Click Here for Memo Itemization Type
San Francisco, CA	Ollow Flore for Monte Resilied
Jan Transition) -0.	Check box if this expenditure is payment of
Control Science	debt or obligation reported on previous
Fund Raiser	statement
Expenditure #2 Name Home Depot Address 25879 Hoover Rd	
Name Home Depois on	9-29-19 : 117.7
223 Hoover Ko	$\frac{9-29-19}{\text{Date}} = \frac{117.67}{\text{Date}}$
Address 258 19 H350	Purpose: Sian Supplies Date
M 7 /19/189	<u> </u>
Warren, MI 48089	Click Here for Memo Itemization Type
	Charles as if this expanditure is payment of
	Check box if this expenditure is payment of debt or obligation reported on previous
Fund Raiser	statement
Name American Graphics Printing Co. Address 34895 Groes beck The MI 148035	
Danie Constitutionalo.	2
Name TIMENICAN OF OPPINS	$\frac{9-23.19}{\text{Date}} = \frac{659.33}{1000}$
211896 Rrops heck	Purpose: Walking Cards Date
Address J40/J Grocs M 1 U8/13	Purpose: Walling Chros
Clinton Two ME70031	Click Here for Memo Itemization Type
Clinton Twp, MI48035	
	Check box if this expenditure is payment of debt or obligation reported on previous
Fund Raiser	statement
Expenditure #4	
Expenditure #4 Name American Graphics Printing Co. Address 34895 Groesbeck MT48035	0 22 19
Hame Hmerkanorophics 11 ming	9-27-19 s 66 568
211896 Gresheck	
Address 54013 Grocs 0	Purpose: Mailer
01 1 Tun M148033	Olial/Hara for Mama Itamization Type
Clinton Tup, MI48035	Click'Here for Memo Itemization Type
	Check box if this expenditure is payment of
Sund Baiser	debt or obligation reported on previous statement 145
Fund Raiser	statement /9 3
Expenditure #5 Name JAN Access Address 606 Townsend Lansin, MI 48933	
Name I JANI Access.	7-1-18
	Purpose: Feat A Contribution 7-1-18 \$ 165.0
Address / O (/ O () Sen C	Purpose: Purpose: Date
	Cliab Haza for Momo Homization Type
1 ansing M248933	Click Here for Memo Itemization Type
	Check box if this expenditure is payment of
Fund Raiser	debt or obligation reported on previous statement
Tana reason	
	Subtotal this page
	Grand Total of all Schedules 1B
	(Complete on last page of Schedule)
	Enter this total

on line 8a of Summary Page



1. Committee I. D. Num	nber	/3	97	88		
		te	jn	Henry	1 Ne	WHEK

3. Name and address of person or vendor to whom paid	Purpose (Required Information)	5. Date 6. Amount
Expenditure #1 Name Mr Miguel's Cantina Address 26837 Ryan Rl Warren, MZ 4809,	Purpose: Food/Fundraise-	9-/8-/9 Date \$ 329./7 Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	7/20/10
Expenditure #2 Name PNC Bank Address 24734 Dan Dyke Center Line, Mily	Purpose: Checks Printing	Date \$ 47.72
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #3 Name ACTBlue Address POBOY 44/146 Somerville MA O2144-0031	Purpose: Fees Click I Check box if this expenditure is payment of debt or obligation reported on previous statement	7-31-19 \$ 300 Here for Memo Itemization Type
Expenditure #4 Name ACT Blue Address POBOX 441146 Someville, MA [] Fund Raiser 02144-0031	Purpose: Fees	Pate \$ 3.00 Here for Memo Itemization Type
Expenditure #5 Name ACTBlue Address POBON 441146 Somerville, MA D2144-0031	Purpose: Fee5 Click Check box if this expenditure is payment of debt or obligation reported on previous statement	Date \$ 2.26 Here for Memo Itemization Type
	Subt Grand Total of all (Complete on last pag	

Enter this total on line 8a of Summary Page

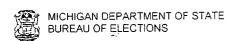


1. Committee I. D. Number 139788

2. Committee Name Write in Henry Mewnan

2. Now and address of parson or vandor to whom paid	Purpose (Required Information)	5. Date 6. Amount
Name and address of person or vendor to whom paid	4. Luipose (ivequired information)	3. 5dts 3.74Hodil
Expenditure #1		7 31 19
Name Subway	- 1-	7-31-19 \$52.99
34 0- M WARD	Purpose: Food/Fundraiser	Date JA. 1
Address 31690 Mounal	Purpose: 1 - W (1 & W at 3 C)	
Address 31690 MoundRd Warren 48092	Click	Here for Memo Itemization Type
,	Check box if this expenditure is payment of	
Fund Raiser	debt or obligation reported on previous statement	
	- Gotton K	
Name O and Gradies Trinting		alinha -
Name American Graphics		9/10/19 \$3339.00
34895 Groesbeck	Purpose: Lawn Signs	Date
Address 01 Tup MI48035		
Expenditure #2 Name American Graphics Printing Address 34895 Groesbeck Clinton Twp. MI48035	Click	Here for Memo Itemization Type
	Check box if this expenditure is payment of	:
	debt or obligation reported on previous	
Fund Raiser	statement	
Expenditure #3		
Name Rob Sembarski		8-18-19 100 00
Address 12412 Vinewood	P. V. Kanina	0 / 0 / > \$ / 30,00
Address /2412 Uinewood	Purpose: Bookkeeping	Date
Shelby Tup 48315	,	Here for Memo Itemization Type
Just 1		•
<u>.</u>	Check box if this expenditure is payment of debt or obligation reported on previous	Ī
Fund Raiser	statement	
Expenditure #4		
Name Rob Sembars Ki		8-20-19
In llinewood	D	8-30-19 \$ 750.00
Address 12412 Vinewood	Purpose: Book Keeping	Date
Shalb. Two 48315	,	
Shelby Twp 48315	Click	Here for Memo Itemization Type
_	Check box if this expenditure is payment o	f .
Fund Raiser	debt or obligation reported on previous statement	
	olderion	
Expenditure #5 Name Alex Berdy Address 32252 HawthomeDr Warren, MZ48082		0 4 4
Name Hex Deray	(\cdot)	9-5-19 \$ 150.00
Address 22252 Hawthomely	Purpose: Photographs	Date \$ 7.30.30
32436 110082	' ' '	
Larren My 4000		Here for Memo Itemization Type
	Check box if this expenditure is payment of	f
Fund Raiser	debt or obligation reported on previous statement	
	Suh	total this page CALLIGG
	Cut	stotal this page 5041.99
	Grand Total of a	l l
	(Complete on last pa	<u> </u>
		Enter this total

on line 8a of Summary Page



1. Committee I. D. Number	134788
2. Committee Name Writ	e in Henry Newman
2. Committee Name V - 1 1	C Transfer To Contract

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date 6. Amount
Expenditure #1		- 1
Name Go Daddy		7-16-19 \$ 15.16 Date
Address 14455NHaydenRO, Ste 219 Scottsdale, AZ 85260	Purpose Domain Registration	Date
Address 14455 NHaylenko, Te	•	
Scottsdole, AZ 85260	Click He	ere for Memo Itemization Type
	Check box if this expenditure is payment of	
Fund Raiser	debt or obligation reported on previous statement	
Expenditure #2		
Name Anaman Costco	- 1/	7-31-19 . 57,12
22120 LAVE	Purpose: Food/Fundraiser	Date
Address & III Gration	Purpose: 000 1 Unit 431	
Address 27118 Gratiot Ave Roseville, MI 48066	Click He	ere for Memo Itemization Type
Noscorrie		
™	Check box if this expenditure is payment of debt or obligation reported on previous	
Fund Raiser	statement	
Expenditure #3		
Name Costco	Purpose: Food/Frandraise-	7-31-19 \$1800
Address 30550 Stephenson 7009	Burnoss Food Hundraise-	Date 70.77
AN 1: Hts. 48071	ruipose.	
Address Address Madisun Hts, 48071	Click He	ere for Memo Itemization Type
	Check box if this expenditure is payment of	
Fund Raiser	debt or obligation reported on previous statement	
Expenditure #4		
Name Walmart		7-81-19 1201
291761)antyte	1 15	Date \$ 77.99
Name Walmart Address 29176 VanDyke Warren, MZ 48093	Purpose: Ice Fundraise-	
Walley!	Click He	ere for Memo Itemization Type
	Check box if this expenditure is payment of	
	debt or obligation reported on previous	
Fund Raiser	statement	
Expenditure #5		_
Name Krogev		7-31-19 \$ /33.26
Address 26233Hoove	Purpose: Food Fundraiser	Date \$ /33, 26
Name Kroger Address 26233Hoover Warren, 48093		
ω^{α}	Click H Check box if this expenditure is payment of	lere for Memo Itemization Type
	debt or obligation reported on previous	
✓ Fund Raiser	statement	
	Subtot	tal this page 248.41
	Grand Total of all S	, ,

Enter this total on line 8a of Summary Page

(Complete on last page of Schedule)



SCHEDULE 1B

1. Committee I. D. Number 139 7 8 8

3. Committee I. D. Number Henry Newnan

CANDIDATE COMMITTEE 2. Co	ommittee Name White IN Mehro	1 10cmnar	<u> </u>
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date 6	S. Amount
Expenditure #1			
Name To cost		7-21-19	. 17 26
Tar ger	l b la	Date	\$ <u>17.35</u>
Address	Purpose: Labels	24(3	
Name Target Address Dequindre Warren 48092	Click	Here for Memo Ite	mization Type
1 2016Ph 48092			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2			
Name Office Depot/Max		7-77-19	- /
l ' -		7 - 22-19 Date	\$ <u>64.11</u>
Address John R	Purpose: habels, Copies	Dute	
I	''	Llera for Mama Ita	mination Tuna
Madison Hts, MI	Click	Here for Memo Ite	imzation Type
	Check box if this expenditure is payment of		,
Fund Raiser	debt or obligation reported on previous statement		
Evonoditure #3	Statement		
Name Madison Hts Postoffice			
Name Marison Mis 103		7-22-19	\$275.00
Address 29441 John RRS	Purpose: Stamps	Date	<u> </u>
1 Ht MZ 48071	Turpose.		
Madison Hts, MZ 48071	Click	Here for Memo Ite	mization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
	datament		
Name Office Depot Max Address John R			
Maine Office Deport		7-27-19	\$84.78
Address John K	Purpose: Labels	Date	
Madison Htr, MZ	ruipose.		
Madisor	Click'	Here for Memo Ite	mization Type
	Check box if this expenditure is payment of	f	
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #5 Name American Graphics Printing Address 34895 Groesbeck Clinton Township, 48035			
Name American Craphics	1	7-/1-19 Date	SU271
Address 34895 Groesbeak	Purpose Walking Cards	Date	<i>³Q → 3. / 6</i>
01: 1. Thinghib, 40033	'		–
Clinton rounds		Here for Memo Ite	emization Type
	Check box if this expenditure is payment or debt or obligation reported on previous	Ī	
Fund Raiser	statement		
	Subt	total this page	1285.00
	Grand Total of al	I Schedules 1R	a a J.00
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