



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

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: 6/2019 to 10/2019

1. Committee I.D. Number

1397466

4. Candidate Last Name

Newman

First Name

HENRY

M.I.

L

4a. Office Sought Including District # or Community Served (If applicable)

Warren City Council

4b. County of Residence

Macomb

2. Committee Name

Write IN Henry Newman

5. Committee's Mailing Address

27156 Gail

Warren MI 48093

6. Treasurer's Name & Residential Address

Same as Above

Area Code and Phone

546-758-6461

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.

Area Code & Phone

7. Treasurer's Business Address

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

Area Code and Phone

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 (\_\_\_\_\_) 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 outstanding assets, owes no late fees or has any outstanding 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 Newman

Type or Print Name

Henry Newman

Signature

Date

10-24-19

Candidate

Henry Newman

Type or Print Name

Henry Newman

Signature

Date

10-24-19



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

1. Committee I.D. Number

139788

2. Committee Name

WATIE JR Henry Nunn

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>22,160.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>22,160.00</u>	(18.) \$ <u>22,160.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$		(19.) \$
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$	<u>22,160.00</u>	(20.) \$ <u>22,160.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$		(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$		(22.) \$
<b>EXPENDITURES</b>			
<b>8. Expenditures</b>			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>17,378.37</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$		
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$		
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>17,378.37</u>	(23.) \$ <u>17,378.37</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)			
<b>10. Disbursements</b>			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>0</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$		
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$		(24.) \$
<b>DEBTS AND OBLIGATIONS</b>			
<b>12. Debts and Obligations</b>			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>19,500.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$		
<b>BALANCE STATEMENT</b>			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>0</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>22,160.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>22,160.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>17,378.37</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>4,781.63</u>	



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 139788  
2. Committee Name Write in Henry 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 10-18-19  
Name & Address:

UAW Regional  
27800 George Merrelli Drive  
Warren, Michigan 48092

\$ 500.00 \$ 500.00

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 #2 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: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 10-4-19  
Name & Address:

Timothy Killeen  
16260 Lappin  
Detroit, MI 48205

\$ 25.00 \$ \_\_\_\_\_

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 \_\_\_\_\_  
Name & Address

\$ \_\_\_\_\_ \$ \_\_\_\_\_

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

Page Subtotal

525.00

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

22,160.00

Enter this total on  
line 3a of Summary  
Page.

21,635



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

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

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 7-28-19

Name & Address:

Mike Berkowitz  
1487 Oak Grove Dr  
Walled Lake, MI 48390

\$ 100.00 \$ 100.00

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer Sierra Club of Michigan

Business Address 109 E Cesar Chavez, Lansing, MI 48906

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

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt ~~10-1-2019~~  
9-18-2019

Name & Address

Joel Rutherford  
5683 Storrowet  
Warren, MI 48092

\$ 25.00 \$ 25.00

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](#)

3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt 9-13-2019

Name & Address:

Carole Chi  
35325 Moravian Dr  
Sterling Hts, MI 48312-4449

\$ 25.00 \$ 25.00

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](#)

3. Contribution #4 PAC Receipt? ☐ YES

4. Date of Receipt 9-12-19

Name & Address

Pete Sutliff  
3957 Berkshire Ave  
Warren, MI 48091

\$ 100.00 \$ 100.00

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

250.00

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

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

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

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? <input type="checkbox"/> YES	4. Date of Receipt <u>9-18-19</u>	
Name & Address: <u>Mark Dennings</u> <u>25196 Independence</u> <u>Warren, MI 48089</u>		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>9-18-19</u>	
Name & Address: <u>Carry + Steve Finn</u> <u>32631 Desmond</u> <u>Warren MI 48093</u>		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>9-18-19</u>	
Name & Address: <u>Lorenzina Frances Marhoff</u> <u>14728 Ben Brae</u> <u>Warren MI 48088</u>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
Name & Address: <u>David William Gassen</u> <u>403 Wilcox</u> <u>Rochester, MI 48031</u>		\$ <u>50.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Architect</u> Employer <u>Partners In Architecture</u> Business Address <u>Mt Clemens, MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

145.00

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

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

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

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? <input type="checkbox"/> YES	4. Date of Receipt <u>9-10-19</u>	
Name & Address: <u>Mary M Hall-Rayford</u> <u>17101 Veronica Ave</u> <u>Eastpointe, MI 48021-4514</u>		<u>\$25.00</u>	<u>\$25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>9-18-19</u>	
Name & Address: <u>Andrey Duzyj</u> <u>26657 Haverhill</u> <u>Warren, MI 48091</u>		<u>\$50.00</u>	<u>\$50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>9-18-19</u>	
Name & Address: <u>Patrick Green</u> <u>3929 Marlene</u> <u>Warren MI 48092</u>		<u>\$100.00</u>	<u>\$100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>9-18-19</u>	
Name & Address: <u>Melody Magee</u> <u>25800 Timberline</u> <u>Warren MI 48091</u>		<u>\$40.00</u>	<u>\$240.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Chief Talent Officer</u> Employer <u>MCA Detroit</u> Business Address <u>14801 W 8 Mile Rd, Detroit, MI 48235</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

215.00

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

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

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

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? <input type="checkbox"/> YES	4. Date of Receipt <u>7-31-19</u>	
Name & Address: <u>CTE Lori Stone</u> <u>27582 Evelyn</u> <u>Warren, MI 48093</u>		\$ <u>100.00</u>	\$
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer <u>MI House of Representatives</u>			
Business Address <u>25800 Timberline Dr, Warren, MI 48091</u>			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>9/18/19</u>	
Name & Address: <u>IBEW</u> <u>1358 Abbott St</u> <u>Detroit, MI 48226</u>		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>9-18-19</u>	
Name & Address: <u>CTE Henry Yanez</u> <u>PO Box 7213</u> <u>Sterling Hts, MI 48311</u>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>9-16-19</u>	
Name & Address: <u>CTE Paul Wojno</u> <u>32025 Margaret Ct</u> <u>Warren MI 48093-1191</u>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal

500.00

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 139788  
2. Committee Name Write in Henry Newman

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:

Alan J Soifer  
2384 Park Ridge  
Bloomfield Hills, MI

\$ 100.00 \$ 100.00

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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 7-31-19  
Name & Address

Robert Boccamino  
27882 Los Olas  
Warren, MI 48093

\$ 100.00 \$ 100.00

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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt 7-31-19  
Name & Address:

Ann Moran  
27215 Gail  
Warren, MI 48093

\$ 100.00 \$ 100.00

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 7-31-19  
Name & Address

Kristina Lodovisi  
24106 Masch  
Warren MI 48091

\$ 50.00 \$ 50.00

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

Page Subtotal

350.00

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

Enter this total on  
line 3a of Summary  
Page.





MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number

2. Committee Name

Write in Henry Newman  
139788

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 Dena Drive  
Warren, MI 48088-6654

\$ 50.00 \$ 50.00

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 #2 PAC Receipt? ☐ YES

4. Date of Receipt 8/14/19

Name & Address

Gary Shimer  
5421 Marcy  
Warren, MI 48091

\$ 50.00 \$ 50.00

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 #3 PAC Receipt? ☐ YES

4. Date of Receipt 8-7-19

Name & Address:

Diane Rottiers  
15200 Couzens Ave  
Eastpointe, MI 48021

\$ 100.00 \$ 100.00

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 7-31-19

Name & Address

Melinda Moore  
11530 Short Dr.  
Warren MI 48093

\$ 200.00 \$ 200.00

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation Court Reporter Employer Freelance Reporters

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)

~~2778.96~~

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

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

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, MI ~~48037~~ 48307

\$ 25.00

\$ 25.00

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 #2 PAC Receipt? ☐ YES

4. Date of Receipt 7-31-19

Name & Address

David William Gassen  
403 Wilcox  
Rochester, MI 48037

\$ 100.00

\$ 100.00

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 #3 PAC Receipt? ☐ YES

4. Date of Receipt 7-31-19

Name & Address:

Lise Moran  
1897 Palm Beach  
W Palm Beach Fla, 33409

\$ 50.00

\$ 50.00

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 8-15-19

Name & Address

CTE Melody Magee  
25800 Timberline Dr  
Warren, MI 48091

\$ 200.00

\$ 200.00

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

Page Subtotal

375.00

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

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line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 139788  
2. Committee Name Write in Henry 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 <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? <input type="checkbox"/> YES	4. Date of Receipt <u>7-2-19</u>		
Name & Address: <u>Henry Newnan</u> <u>27156 Gail Dr</u> <u>Warren, MI 48093</u>			<u>\$5,000.00</u>	<u>\$5,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>NA</u> Business Address <u>NA</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>9-3-19</u>		
Name & Address: <u>Henry Newnan</u> <u>27156 Gail Dr</u> <u>Warren, MI 48093</u>			<u>\$5,000.00</u>	<u>\$10,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>N/A</u> Business Address <u>N/A</u> Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>6-12-19</u>		
Name & Address: <u>Henry Newnan</u> <u>27156 Gail Dr</u> <u>Warren, MI 48093</u>			<u>\$4,500.00</u>	<u>\$14,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>N/A</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____		
Name & Address: <u>Henry Newnan</u> <u>27156 Gail Dr</u> <u>Warren, MI 48093</u>			<u>\$5,000.00</u>	<u>\$19,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>N/A</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			Click Here for Memo Itemization	

Page Subtotal

19,500.00

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

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line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>City of Warren Treasurer</u> Address <u>One City Square, Suite 200</u> <u>Warren, MI 48093</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>AV Lists</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-9-19</u> Date	\$ <u>20.00</u>
Expenditure #2 Name <u>Mass Mailing LLC</u> Address <u>35468 Mound Road</u> <u>Sterling Hts, MI 48310</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Mailings</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-18-19</u> Date	\$ <u>2319.16</u>
Expenditure #3 Name <u>Office Depot</u> Address <u>John R</u> <u>Madison Hts, Mi</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Copies &amp; Flyers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-18-19</u> Date	\$ <u>318.00</u>
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page 2657.16  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule) 17378.37  
Enter this total  
on line 8a of  
Summary Page



ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
<p>Expenditure #1</p> <p>Name <u>Michigan VAN Access</u></p> <p>Address <u>Credit Authorization Service</u> <u>606 Townsend</u> <u>Lansing, MI 48233</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>Credit Authorization</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>7-31-19</u> Date</p>	<p><u>\$ 3.33</u></p>
<p>Expenditure #2</p> <p>Name <u>Michigan VAN Access</u></p> <p>Address <u>"</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>Cred Auth</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>8-31-19</u> Date</p>	<p><u>\$ 7.38</u></p>
<p>Expenditure #3</p> <p>Name <u>Michigan VAN Access</u></p> <p>Address <u>"</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>Cred. Auth.</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>9-30-19</u> Date</p>	<p><u>\$ 6.90</u></p>
<p>Expenditure #4</p> <p>Name <u>Christopher Marchione</u></p> <p>Address <u>29837 Roan</u> <u>Warren, MI 48093</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>Consultant</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>6-12-19</u> Date</p>	<p><u>\$ 4500.00</u></p>
<p>Expenditure #5</p> <p>Name <u>American Graphics</u></p> <p>Address <u>234895 Groesbeck Hwy</u> <u>Clinton Township, MI</u> <u>48035</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>Mailer</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>10-7-19</u> Date</p>	<p><u>\$ 1624.98</u></p>

Subtotal this page

6142.59

Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

14122.21

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ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Wix.com</u> Address <u>PO Box 40190</u> <u>San Francisco, CA</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Website</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-29-19</u> Date	<u>\$ 17.00</u>
Expenditure #2 Name <u>Home Depot*</u> Address <u>25879 Hoover Rd</u> <u>Warren, MI 48089</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Sign Supplies</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-29-19</u> Date	<u>\$ 117.07</u>
Expenditure #3 Name <u>American Graphics Printing Co.</u> Address <u>34895 Groesbeck</u> <u>Clinton Twp, MI 48035</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Walking Cards</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-23-19</u> Date	<u>\$ 659.32</u>
Expenditure #4 Name <u>American Graphics Printing Co.</u> Address <u>34895 Groesbeck</u> <u>Clinton Twp, MI 48035</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Mailer</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-27-19</u> Date	<u>\$ 665.68</u>
Expenditure #5 Name <u>Michigan VAN Access</u> Address <u>606 Townsend</u> <u>Lansing, MI 48933</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Fed AC Contribution</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-1-19</u> Date	<u>\$ 165.00</u>

Subtotal this page

1624.07

Grand Total of all Schedules 1B  
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ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Mr Miguel's Cantina</u> Address <u>26837 Ryan Rd</u> <u>Warren, MI 48091</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Food/Fundraise-</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-18-19</u> Date	\$ <u>329.17</u>
Expenditure #2 Name <u>PNC Bank</u> Address <u>24734 Dun Dyke</u> <u>Center Line, MI</u> <u>48015</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Checks Printing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/25/19</u> <del>7/18/19</del> Date	\$ <u>47.72</u>
Expenditure #3 Name <u>ACT Blue</u> Address <u>PO Box 441146</u> <u>Somerville, MA</u> <u>02144-0031</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Fees</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-31-19</u> Date	\$ <u>3.00</u>
Expenditure #4 Name <u>ACT Blue</u> Address <u>PO Box 441146</u> <u>Somerville, MA</u> <u>02144-0031</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Fees</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-31-19</u> Date	\$ <u>3.00</u>
Expenditure #5 Name <u>ACT Blue</u> Address <u>PO Box 441146</u> <u>Somerville, MA</u> <u>02144-0031</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Fees</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-31-19</u> Date	\$ <u>2.26</u>

Subtotal this page

379.15

Grand Total of all Schedules 1B  
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ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Subway</u> Address <u>31690 Mound Rd</u> <u>Warren 48092</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Food/Fundraiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-31-19</u> Date	<u>\$52.99</u>
Expenditure #2 Name <u>American Graphics Printing</u> Address <u>3489 S Groesbeck</u> <u>Clinton Twp. MI 48035</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Lawn Signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/10/19</u> Date	<u>\$3339.00</u>
Expenditure #3 Name <u>Rob SembarSKI</u> Address <u>12412 Vinewood</u> <u>Shelby Twp 48315</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Book Keeping</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-18-19</u> Date	<u>\$750.00</u>
Expenditure #4 Name <u>Rob SembarSKI</u> Address <u>12412 Vinewood</u> <u>Shelby Twp 48315</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Book Keeping</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-30-19</u> Date	<u>\$750.00</u>
Expenditure #5 Name <u>Alex Berdy</u> Address <u>32252 Hawthorne Dr</u> <u>Warren, MI 48082</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Photographs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-5-19</u> Date	<u>\$150.00</u>

Subtotal this page

5041.99

Grand Total of all Schedules 1B  
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ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>GoDaddy</u> Address <u>14455 N Hayden Rd, Ste 219</u> <u>Scottsdale, AZ 85260</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Domain Registration</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-16-19</u> Date	<u>\$15.16</u>
Expenditure #2 Name <u>ANITA COSTCO</u> Address <u>27118 Gratiot Ave</u> <u>Roseville, MI 48066</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Food / Fundraiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-31-19</u> Date	<u>\$57.12</u>
Expenditure #3 Name <u>Costco</u> Address <u>30550 Stephenson Hwy</u> <u>Madison Hts, 48071</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Food / Fundraiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-31-19</u> Date	<u>\$18.99</u>
Expenditure #4 Name <u>Walmart</u> Address <u>29176 Van Dyke</u> <u>Warren, MI 48093</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Ice / Fundraiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-31-19</u> Date	<u>\$11.94</u>
Expenditure #5 Name <u>Kroger</u> Address <u>26233 Hoover</u> <u>Warren, 48093</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Food Fundraiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-31-19</u> Date	<u>\$133.26</u>

Subtotal this page

248.41

Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

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on line 8a of  
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ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Target</u> Address <u>Deguindre</u> <u>Warren 48092</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Labels</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-21-19</u> Date	<u>\$ 17.35</u>
Expenditure #2 Name <u>Office Depot/Max</u> Address <u>John R</u> <u>Madison Hts, MI</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Labels, Copies</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-22-19</u> Date	<u>\$ 64.11</u>
Expenditure #3 Name <u>Madison Hts Post Office</u> Address <u>29441 John R Rd</u> <u>Madison Hts, MI 48071</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Stamps</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-22-19</u> Date	<u>\$ 275.00</u>
Expenditure #4 Name <u>Office Depot/Max</u> Address <u>John R</u> <u>Madison Hts, MI</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Labels</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-22-19</u> Date	<u>\$ 84.78</u>
Expenditure #5 Name <u>American Graphics Printing</u> Address <u>34895 Groesbeck</u> <u>Clinton Township, 48035</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Walking Cards</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-11-19</u> Date	<u>\$ 843.76</u>

Subtotal this page

1285.00

Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

Enter this total  
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