



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.

1. Committee I.D. Number 139728		3. This Statement covers From: <u>01/11/19</u> to <u>10/20/19</u>	
2. Committee Name CTE Henry Yanez		4. Candidate Last Name <u>Yanez</u> First Name <u>Henry</u> M.I. <u>J</u> 4a. Office Sought Including District # or Community Served (If applicable) Board Member - Local <input checked="" type="checkbox"/> 4b. County of Residence	
5. Committee's Mailing Address CTE Henry Yanez P.O. Box 7213 Sterling Heights, MI. 48311 Area Code and Phone <u>(586) 321-3058</u> 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 Area Code & Phone <u>(586) 321-3058</u>	
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. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus Date of Election, Convention or Caucus <u>11/05/19</u>		9e. Dissolution of Candidate Committee <input type="checkbox"/> 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 <u>Henry Yanez</u> Type or Print Name		Signature <u>Henry Yanez</u> Date <u>10/26/20</u>	
Candidate <u>Henry Yanez</u> Type or Print Name		Signature <u>Henry Yanez</u> Date <u>10/26/20</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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.) \$	<u>6,175.30</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$6,175.30</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>\$13,048.06</u>	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>\$19,223.06</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>\$0.00</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>\$0.00</u>	(22.) \$ _____
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>\$8,466.95</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>\$0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>\$0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>\$8,466.95</u>	(23.) \$ _____
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>\$0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>\$57.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>\$57.00</u>	(24.) \$ _____
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>\$640.30</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u> </u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>\$0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$19,223.06</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>\$19,223.06</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$8,023.55</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$11,199.51</u>	



**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 08/21/19

Name & Address:

Jane Yanez
14052 Bery Dr
Sterling Heights, MI. 48312

\$ 640.30

\$ 640.30

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

Occupation Social Worker Employer County of Macomb

[Click Here for Memo Itemization](#)

Business Address

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

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

Name & Address

Gierman, Ryan
38215 Circle Dr.
Harrison Twp. Mi., 48045

\$ 50

\$ 50

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

Occupation Firefighter Employer Township Of Macomb

[Click Here for Memo Itemization](#)

Business Address 19925 23 Mile Rd

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

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

Name & Address:

DeNardis, Cynthia
36664 Ridgcroft
Sterling Heights, MI. 48312

\$ 35

\$ 75

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

Occupation Retired Employer

[Click Here for Memo Itemization](#)

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:

Occupation Employer

[Click Here for Memo Itemization](#)

Business Address

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

Page Subtotal **\$725.30**

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

\$6,260.30

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 Go Daddy Address 14455 North Hayden Rd. Scottsdale, Az. 85260 <input type="checkbox"/> Fund Raiser	Purpose: <u>Web site</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/22/19</u> Date	\$ <u>419.40</u>
Expenditure #2 Name USPS Address 7007 Metropolitan Parkway <input type="checkbox"/> Fund Raiser	Purpose: <u>P.O. Box</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/26/19</u> Date	\$ <u>92</u>
Expenditure #3 Name CTE Andre Duzyj Address 26657 Haverhill Warren, MI. 48093 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/28/19</u> Date	\$ <u>50</u>
Expenditure #4 Name Christopher Marchione Address 29837 Roan Warren, MI. <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign Work</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/28/19</u> Date	\$ <u>500</u>
Expenditure #5 Name Clinton Twp. FF Unioin Address 42591 Romeo Pplank Clinton Twp., MI. 48038 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Golf Outing Fundraiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/07/19</u> Date	\$ <u>75</u>

Subtotal this page **\$1,136.40**

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

Enter this total
on line 8a 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 <u>Office Max</u> Address <u>37600 Van Dyke</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Office supplies</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/09/19</u> Date	\$ <u>197.16</u>
Expenditure #2 Name <u>Office Max</u> Address <input type="checkbox"/> Fund Raiser	Purpose: <u>Office Supplies</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/08/19</u> Date	\$ <u>17.96</u>
Expenditure #3 Name <u>Vito's Bakery</u> Address <u>36578 Moravian</u> <u>Clinton Twp. MI. 48035</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Event Food</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/22/19</u> Date	\$ <u>74.95</u>
Expenditure #4 Name <u>Century Banquet Center</u> Address <input type="checkbox"/> Fund Raiser	Purpose: <u>Hall Rental</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/18/19</u> Date	\$ <u>1143.10</u>
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			\$1,433.17
Grand Total of all Schedules 1B (Complete on last page of Schedule)			\$8,466.95

Enter this total
on line 8a of
Summary Page