



**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: 01/01/20 to 07/20/20

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

2. Committee Name  
**CTE Henry Yanez**

4. Candidate Last Name Yanez First Name Henry M.I. J

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

4b. County of Residence **MACOMB**

5. Committee's Mailing Address  
**CTE Henry Yanez**

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**

Area Code & Phone \_\_\_\_\_

*MA COMB COUNTY CLERK  
M. CLEHENS, MICHIGAN  
20 JUL 20 AM 7:57  
FILED*

7. Treasurer's Business Address

Area Code and Phone \_\_\_\_\_

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

Area Code and Phone \_\_\_\_\_

**9. TYPE OF STATEMENT**

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

Pre-Election or Post-Election Statement relates to:

Primary  
 General  
 Convention  
 Special  
 School  
 Caucus

Date of Election, Convention or Caucus  
\_\_\_\_\_

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

July Quarterly  
 October Quarterly

9c.  Annual Statement (\_\_\_\_\_) 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 Yanez / \_\_\_\_\_ Date 7/20/20  
Type or Print Name Signature

Candidate Henry Yanez / \_\_\_\_\_ Date 7/20/20  
Type or Print Name Signature



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>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$0.00</u>	(18.) \$ <u>\$0.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>\$0.00</u>	(19.) \$ <u>\$0.00</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>\$0.00</u>	(20.) \$ <u>\$0.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$0.00</u>	(21.) \$ <u>\$0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$1,835.34</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>\$54.49</u>	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$1,889.83</u>	(23.) \$ <u>\$1,889.83</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (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>\$0.00</u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ <u>\$0.00</u>	(24.) \$ <u>\$0.00</u>
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>\$0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>\$0.00</u>	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$11,110.22</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$0.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$11,110.22</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$1,889.83</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$9,220.39</u>	*



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139728  
2. Committee Name 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 <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 _____ Name & Address: _____  \$ _____      \$ _____		
<b>5. If over \$100.00 cumulative, please provide:</b> Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____ Name & Address _____  \$ _____      \$ _____		
<b>5. If over \$100.00 cumulative, please provide:</b> Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____ Name & Address: _____  \$ _____      \$ _____		
<b>5. If over \$100.00 cumulative, please provide:</b> Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____ Name & Address _____  \$ _____      \$ _____		
<b>5. If over \$100.00 cumulative, please provide:</b> Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal \$0.00

Grand Total of All Schedules 1A \$0.00  
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.



**ITEMIZED OTHER RECEIPTS  
SCHEDULE 1A-1**

**CANDIDATE COMMITTEE**

1. Committee I.D. Number 139728

2. Committee Name CTE Henry Yanez

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: Peters for Michigan P.O. Box 32072 Detroit, MI. 48244	Date of Receipt <u>05/26/20</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Refund \Rebate      Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ <u>100</u>
Receipt #2 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate      Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ _____
Receipt #3 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate      Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ _____
Receipt #4 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate      Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ _____
Receipt #5 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate      Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ _____
Receipt #6 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate      Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ _____
Receipt #7 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate      Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ _____

Page Subtotal **\$100.00**

Grand Total of All Schedules 1A -1  
(Complete on last page of Schedule) **\$100.00**

Enter this total on  
line 4 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 <b>Levin for Congress</b>  Address P.O. Box 380381 Clinton Twp., MI. 48038  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Event</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/11/20</u> Date	<u>\$ 100</u>
Expenditure #2 Name <b>Xfinity Mobile</b>  Address 17613 Hall Rd. Macomb, MI. 48044  <input type="checkbox"/> Fund Raiser	Purpose: <u>Office Expenses</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/20/20</u> Date	<u>\$ 1093</u>
Expenditure #3 Name <b>Dykema Gossett PLLC</b>  Address 201 Townsend St. Suite 900 Lansing Mi. 48088  <input type="checkbox"/> Fund Raiser	Purpose: <u>Legal Work</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/29/20</u> Date	<u>\$ 139</u>
Expenditure #4 Name <b>CVS</b>  Address 15255 17 Mile Rd. Clinton Twp., MI.  <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>02/08/20</u> Date	<u>\$ 60.60</u>
Expenditure #5 Name <b>Peters for Michigan</b>  Address P.O. Box 32072 Detroit, MI. 48244  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Event</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/23/20</u> Date	<u>\$ 100</u>

Subtotal this page **\$1,492.60**  
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 <b>Friends of Nate Shannon</b>  Address P.O. Box 7091 Sterling Heights, MI. 48311  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Event</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/28/20</u> Date	\$ <u>100</u>  Click Here for Memo Itemization Type <input type="button" value="v"/>
Expenditure #2 Name <b>The Official Dem Black Caucus of Macomb</b>  Address 24510 Dale Ave. Eastpointe, MI. 48021  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Event</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/25/20</u> Date	\$ <u>100</u>  Click Here for Memo Itemization Type <input type="button" value="v"/>
Expenditure #3 Name <b>USPS</b>  Address 7007 Metropolitan PKWY. Sterling Heights, MI. 48311  <input type="checkbox"/> Fund Raiser	Purpose: <u>PO Box</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/06/20</u> Date	\$ <u>106</u>  Click Here for Memo Itemization Type <input type="button" value="v"/>
Expenditure #4 Name <b>The Apple Store</b>  Address 2800 W. Big Beaver Rd. Troy, MI. 48084  <input type="checkbox"/> Fund Raiser	Purpose: <u>Office Equipment</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/04/20</u> Date	\$ <u>136.74</u>  Click Here for Memo Itemization Type <input type="button" value="v"/>
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	\$ _____  Click Here for Memo Itemization Type <input type="button" value="v"/>

Subtotal this page **\$342.74**  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule) **\$1,835.34**

Enter this total on line 8a of Summary Page