CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and ca	signed by andidate.	3. This Staten	nent covers Fro	^{m:} 11/26/20	to C	07/20/20			
1. Committee I.D. Number		4. Candidate	Last Name		First Name	· · · · · · · · · · · · · · · · · · ·		M.I.	
139728		Yanez		Hen	nrv				
1700720		1	ght Including D	istrict # or Com	•	(If applicab	le)		
2. Committee Name							₹		
CTE Henry Yanez		4b. County of	Residence M	ACOMB	✓				i.m.m.d
5. Committee's Mailing Address		6. Treasurer's	Name & Resid	lential Address					
CTE Henry Yanez		Henry Yanez							
P.O. Box 7213		14052 Be	•						
Sterling Heights, MI. 48311		Sterling Heights, MI. 48312							
						MACCHIS CE MT. CLEHER	20		
Area Code and Phone						도로	20 OCT		
If the address in this box is different from the comm						亞诺			
mailing address on the Statement of Organization, mail may be sent to this address by the filing official.						=			
7. Treasurer's Business Address		8. Designated Record Keeper's Name and Address (If the committee has-a-			ED D				
N/A		Designated F	Record Keeper)			HICHICA EX CLES	=		
		19/24				동은	÷.		
						22	28		
Area Code and Phone		Area Code ar	nd Phone						
9. TYPE OF STATEMENT	Required Of	NLY if candidate		9e. Dissolut	tion of Candid	late Comm	ittee		
9a. Pre-Election OR 9b. Post-Election	is not on the	ballot for the		By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here					
Pre-Election or Post-Election Statement relates to:	current year:			by the commi	ittee to the can d and forgiven,	didate or h	is or her aer colle	spouse ectible fr	is here om
	July Quart		erly		the committee. The committee has no oustanding assets, owes no lates fees or has any oustanding debt.				
Primary				owes no lates	s ices ui ilas ai	iy oustandi	ng debi.		
General	Coctober C	October Quarterly		Further, if the dissolution cannot be granted, that this be					3
Convention				considered a	request for the	Reporting	Waiver.		
Special	9c. 🗖 Appus	ol Statement /	,						
School	Annual Statement () Coverage Year			Effective date of dissolution					
Caucus	ad Amen	dment to Camp	aign Statement	.					
	(Com	aplete Item 9a, 9b, 9c or 9e to			sposition of res	idual funds	must he	renorte	no he
	amend		ient is being		and the Summ		must be	roporto	u 0.,
Data of Floation Convention or Covers									
Date of Election, Convention or Caucus									
10. Verification: IVA/s costifut that all seconds to differ	1	in the "	f 4b:4-4			16 1	4- 41 .		
10. Verification: I\We certify that all reasonable diligemy\our knowledge and belief the contents are true, a	ence was used accurate and co	iii trie preparati omplete.	on of this stater	ment and attach	ea schedules (ा any) and	to the be	est of	
Current Treasurer or Honny Vanoz		(1)	/	1	_/		10.01=		
Designated Record keeper		/ ##TDA	Wycil	Mush	Date	10	/26/2	20	_
Type or Print Name		Signat	ure /\ /		n /				
Candidate Henry Yanez		`\\		1,0	U/	10	VOE I	20	
Candidate		/ 	100g/ /	que	Date		/26/2	<u>.</u> U	_
Type or Print Name	!	U 'Shgna	ture ()						

1. Committee I.D. Number 139728

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name CTE Henry Yanez

RECEIPTS		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 0.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ \$0.00	(18.) \$ \$0.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ \$100.00	(19.) \$ \$100.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$0.00	(20.) \$ \$0.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$0.00	(21.) \$ \$0.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ \$0.00	(22.) \$ \$0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ \$1,935.34	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ \$0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ \$54.49	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ \$1 ,989.83	(23.) \$ \$1,989.83
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ \$0.00	
b. Unitemized (less than \$50.01 each - no Schedule)		
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS	(10b.) \$ \$0.00	
(Add Line 10a + Line 10b)	(11.) \$ \$0.00	(24.) \$ \$0.00
DEBTS AND OBLIGATIONS 12. Debts and Obligations	. ,	\(\frac{1}{2}\)
a. Owed by the Committee (Schedule 1E)	(12a.) \$ _\$0.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ \$0.00	
	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ \$11,199.51	_
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ \$0.00	
(Line 5, Total Contributions & Other Receipts)		_
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$</u> \$11,299.51	_
 Amount expended during reporting period (Add lines 9 and 11) 	(16.) - \$ \$1,989.83	
17. ENDING BALANCE	(17.) \$ \$9,309.68	-



ITEMIZED EXPENDITURES **SCHEDULE 1B CANDIDATE COMMITTEE**

1. Committee I. D. Number 139728

2. Committee Name CTE Henry Yanez

Name and address of person or vendor to whom paid	Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name Friends of Nate Shannon	•	02/28/20	s 100
Address	Purpose: Event	Date	
P.O. Box 7091		loro for Name	
Sterling Heights, MI. 48311	Click	tere for ivientio	Itemization Type ▼
√ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		l
Expenditure #2			
Name The Official Dem Black Caucus of Macomb		02/25/20	s 100
Address	Purpose: Event	Date	-
24510 Dale Ave.			·
Eastpointe, MI. 48021	Click H	lere for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #3	statement		
Name USPS		04/06/20	\$ 106
Address	Purpose: PO Box	Date	
7007 Metropolitan PKWY.	i dipose.		
Sterling Heights, MI. 48311	Click H	ere for Memo I	temization Type ▼
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name The Apple Store			
The Apple Store		07/04/20	s 136.74
Address	Purpose: Office Equipment	Date	
2800 W. Big Beaver Rd.			
Troy, MI. 48084	Click H	ere for Memo I	temization Type ▼
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name			
			\$
Address	Purpose:	Date	
	Olista I	lana 6 14	
	Check box if this expenditure is payment of	iere ior ivierno	Itemization Type
Control Paines	debt or obligation reported on previous		
Fund Raiser	statement		
		tal this page	\$342.74
AMENTER Y	Grand Total of all s		\$1.835.34
. Or angua a	(Complete on last page		
1. Landy J	ANTER SUNTOTAL	14614	Enter this total on line 8a of
1 2		a 25 7	Summary Page
Page of	CIMM -1	773/5	7