

## CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

707E			11 - 4 17		
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	11-20-2019	10 7-20-2020	
1. Committee I.D. Number		4 Candidate Last Name	First Na	me M I	
139728		Yanez	Henry	J	
2. Committee Name		4a. Office Sought Including Dist Board Member - Local	trict # or Community Se	erved (If applicable)	
CTE Henry Yanez			<b>^</b>	<b></b>	
<u> </u>		4b. County of Residence			
5 Committee's Mailing Address CTE Henry Yanez		6 Treasurer's Name & Resider	ntial Address		
P.O. Box 7213		Henry Yanez			
Sterling Heights, MI. 48311		14052 Bery Dr. Sterling Heights, Ml. 48312			
		Otering rieignis, wi.	40012		
Area Code and Phone (586) 321-3058					
Ill the address in this box is different from the comm	illae				
mailing address on the Statement of Organization. the sent to this address by the filing official	mail may	Area Code & Phone ( 5%	1321-3058		
7. Treasurer's Business Address		-	<del></del>	M.M.	
N/A		8 Designated Record Keeper Designated Record Keeper)	s Name and Address (	ii ine committee nas a	
		N/A			
Area Code and Phone		Area Code and Phone		·	
9 TYPE OF STATEMENT			9e. Dissolution of C	andidate Committee	
9a. Pre-Election OR 9b Post-Election	Required Of is not on the current year	iLY if candidate ballot for the	By checking this i	ilem I/We certify any outstanding debt te candidate or his or her spouse is here	
Pre-Election or Post-Election Statement relates to			by discharged and for	given, and no longer collectible from	
Primary	July Quart	erly	owes no lates fees or l	ommittee has no ouslanding assets, has any custanding debt	
General	October 0	luarterly	Fumboo idaba dinaadaa		
Convention			considered a request f	ion cannot be granted, that this be for the Reporting Waiver	
Special	9c —	_			
School	L Annua	il Statement () Coverage Year	Effective da	te of dissolution	
	gd Amen	dment to Campaign Statement			
Caucus	(Com	plete item 9a, 9b, 9c or 9e to			
	indica	te which Statement is being	Note: The disposition Schedule 1B and the	of residual funds must be reported on Summary Page.	
Date of Floring Grant in G	J	,			
Date of Election, Convention or Caucus					
10 Voitesties WWs and Mark II					
<ol> <li>Verification: I/We certify that all reasonable dilig- my/our knowledge and belief the contents are true.</li> </ol>	onco was used accurate and co	in the preparation of this statems	ent and altached sched	fules (if any) and to the best of	
Current Treasurer or	h-market	21		0//	
Designated Record keeper HENRY YAW	でせ	, Hanny Jane	γ	Dale 2/22/2022	
Type or Print Name		Signature	$\cap$		
Constitute HENRY YANEZ		Homer II	00	2 /7/2017.	
Condidate TIPOT 1/4/UE Type or Print Name	<del></del>	Sinnal Sinnal	X	Date W/LL/1000	
. I JOS OF THIS MAINE		aunaulta / I I			





1 Committee I.D. Number 139728

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name CTE Henry Yanez

RECEIPTS	Column I	Column II
3. Contributions	This Period	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 0.00	_
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) S 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.) s <u>\$100.00</u>	(20)\$ \$100.00
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.) s \$0.00	(22.) \$ \$0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) s \$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.) s \$54.49	_
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ \$1,989.83	<u>(23.)</u> \$ \$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)	(10b.) s \$0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(10.) s \$0.00	(24.) \$ \$0.00
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) 3 45.55	(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.) \$ \$0.00	
b. Owed to the Committee (Schedule 1E)	(12b.)\$ \$0.00	
	BALANCE STATEMENT	
Ending Balance of last report filed     (Enter zero if no previous reports have been filed.)	(13.) s \$11,249.82	<del></del>
14. Amount received during reporting period	(14.) + s \$100.00	
(Line 5, Total Contributions & Other Receipts) 15, SUBTOTAL Add lines 13 and 14	(15.) = \$_\$11,349.82	
16. Amount expended during reporting period		
(Add lines 9 and 11) 17. ENDING BALANCE	(16.) - s \$1,989.83	
(Subtract line 16 from line 15)	(17.) \$ \$9,359.99	•



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# ITEMIZED OTHER RECEIPTS SCHEDULE 1A-1

#### **CANDIDATE COMMITTEE**

1. Committee I.D. Number 139728

Page

		2. Committee Name CIE Henry Yanez
3. Name & Address From Whom Rec	ceived 4. Date of Receipt	5. Type of Receipt 6. Amount
Receipt #1	Date of Receipt 05/26/20	Loan from a Lending Institution
Name & Address: Peters for Michigan		\$ 100
P.O. Box 32072		— interest
Detroit, MI. 48244		Refund \Rebate Click for Memo Itemization Type
3000K, 10271	Fund Raiser	Other (Specify)
Receipt #2	Date of Receipt	Loan from a Lending Institution
Name & Address:		
		Interest \$
		Refund \Rebate Click for Memo Itemization Type
	Fund Raiser	Other (Specify)
Receipt #3 Name & Address:	Date of Receipt	Loan from a Lending Institution
		Interest \$
		Refund \Rebate Click for Memo Itemization Type
	Fund Raiser	Other (Specify)
Receipt #4	Date of Receipt	
Name & Address:	·	Loan from a Lending Institution
		Interest "
		Refund \Rebate Click for Memo Itemization Type
	Fund Raiser	Other (Specify)
Receipt #5	Date of Receipt	
Name & Address:		Evaluation a Lending institution
		Interest \$
		Refund \Rebate Click for Memo Itemization Type
	П	Other (Specify)
Receipt #6	Fund Raiser  Date of Receipt	
Name & Address:		Loan from a Lending Institution
		Interest \$
		Refund \Rebate Click for Memo Itemization Type
	Fund Raiser	Other (Specify)
Receipt #7	Date of Receipt	
Name & Address:		Loan from a Lending Institution
		Interest
		Refund \Rebate Click for Memo Itemization Type
	Fund Raiser	Other (Specify)
<u> </u>	Trained .	Page Subtotal \$100.00
		Grand Total of All Schedules 1A -1 (Complete on last page of Schedule) \$100.00
		Enter this total on



## ITEMIZED EXPENDITURES **SCHEDULE 1B CANDIDATE COMMITTEE**

1. Committee I. D. Number

13	9	7	2	8
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2. Committee Name	CTE	Henry	Yanez

3. Name and address of person or vendor to whom paid	Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name Levin for Congress		02/11/20	s 100
Address P.O. Box 380381	Purpose: Event	Date	<del> </del>
Clinton Twp., MI. 48038	Click	Here for Memo	Itemization Type
✓ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name Xfinity Mobile		02/20/20	s 1093
Address	Purpose: Office Expenses	Date	
17613 Hall Rd.	Click I	Here for Memo	Itemization Type
Macomb, MI. 48044			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name Dykema Gossett PLLC		06/29/20	s 139
Address	<sub>Purpose:</sub> Legal Work	Date	100
201 Townsend St. Suite 900	Cliabat	lasa faa Marra l	Aii T
Lansing Mi. 48088	Click 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 CVS		02/08/20	. 60.60
Address	Purpose: Office Supplies	Date	s <u>60.60</u>
15255 17 Mile Rd.	Fulpose.		
Clinton Twp., MI.	Click F	lere for Memo I	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name Peters for Michigan		02/23/20	.400
Address	Purpose: Event	Date	\$ <u>100</u>
P.O. Box 32072 Detroit, MI. 48244	Click I	lere for Memo	Itemization Type
	Check box if this expenditure is payment of debt or obligation reported on previous	o tat monto	
✓ Fund Raiser	statement		
	Subto	tal this page	\$1,492.60
	Grand Total of all 3 (Complete on last page		
	, ,	٠, ١,	Entor this total

Enter this total on line 8a of Summary Page

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### ITEMIZED EXPENDITURES **SCHEDULE 1B CANDIDATE COMMITTEE**

139728 1. Committee I. D. Number

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 Friends of Nate Shannon		02/28/2020	s 100
Address	Purpose: Event	Date	
P.O. Box 7091		Horo for March	tomization Tupo
Sterling Heights, MI 48311	Click	Here for Memo I	tennzation Type
_	Check box if this expenditure is payment of	f	
✓ Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name The Official Dem Black Caucus of Macomb		02/25/2020	s 100
	Purpose: Event	Date	
Address	Purpose:		
24510 Dale Ave. Eastpointe, MI 48021	Click	Here for Memo I	temization Type
Lasipolitie, Wil 4002 i	Check box if this expenditure is payment or	f	
✓ Fund Raiser	debt or obligation reported on previous		
Expenditure #3	statement		
Name USPS		04/06/2020	<b>\$ 106</b>
Address	Purpose: P.O. Box	Date	
7007 Metropolitan PKWY.		Here for Memo I	temization Type
Sterling Heights, MI 48311			
	Check box if this expenditure is payment o debt or obligation reported on previous	1	
Fund Raiser	statement		
Expenditure #4			
Name The Apple Store		07/04/2020	s 136.74
Address	Purpose: Office Equipment	Date	¥ 100.7 <del>1</del>
2800 W. Big Beaver Rd.	Purpose:		
Troy, MI 48084	Click	Here for Memo	temization Type
	Check box if this expenditure is payment of	of	
Fund Raiser	debt or obligation reported on previous statement		
	- Colonian	······································	
Expenditure #5  Name			
- Name			\$
Address	Purpose:	Date	
	Click	k Here for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
		ototal this page	\$442.74
	Grand Total of a	II Schedules 1R	
	Grand Total of a		\$1,935.34

Enter this total on line 8a of Summary Page

(Complete on last page of Schedule)