



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED 2023 JUL 24 AM 11:19
MACOMB COUNTY CLERK

**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 140263 2. Committee Name FRIENDS of Henry Newnan 5. Committee's Mailing Address 27156 Gail Drive Warren, Michigan 48093 Area Code and Phone 586-360-4998 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. 7. Treasurer's Business Address "Same as Line 6" Area Code and Phone _____		3. This Statement covers From: 01-10-2023 to 07-23-2023 4. Candidate Last Name Newnan First Name HENRY M.I. _____ 4a. Office Sought Including District # or Community Served (If applicable) District 5 / Warren City Council 4b. County of Residence _____ 6. Treasurer's Name & Residential Address Henry L. Newnan 27156 Gail Warren, Michigan 48093 Area Code & Phone 586-360-4998 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. ☒ 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 08-08-2023		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 hereby 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 Newnan X Hy Newnan Date 7.23.2023 Type or Print Name Signature Candidate Henry Newnan X Hy Newnan Date 7.23.2023 Type or Print Name Signature	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
CANDIDATE COMMITTEE**

1. Committee I.D. Number

#140263

2. Committee Name

Friends of Henry Newman

RECEIPTS

3. Contributions

a. Itemized (Schedule 1A - Column 6)

(3a.) \$ 23,505.76

b. Unitemized (less than \$20.01 each - no Schedule)

(3b.) \$ NOT APPLICABLE

c. Subtotal of "Contributions"

(3c.) \$ 23,505.76

4. Other Receipts (Schedule 1A -1, Column 6)

(4.) \$ _____

5. **TOTAL CONTRIBUTIONS AND OTHER RECEIPTS**
(Add Line 3c + Line 4)

(5.) \$ 23,505.76

Column II
Cumulative this election cycle

(18.) \$ 23,505.76

(19.) \$ _____

(20.) \$ 23,505.76

IN-KIND CONTRIBUTIONS & EXPENDITURES

6. In-Kind Contributions (Schedule 1-IK, Column 7)

(6.) \$ \$ 130.00

(21.) \$ 130.00

7. In-Kind Expenditures (Schedule 1B-IK, Column 6)

(7.) \$ _____

(22.) \$ _____

EXPENDITURES

8. Expenditures

a. Itemized (Schedule 1B, Column 6)

(8a.) \$ 19,419.55

b. Itemized Get-Out-the-Vote (Schedule 1B-G)

(8b.) \$ _____

c. Unitemized (less than \$50.01 each - no Schedule)

(8c.) \$ _____

9. **TOTAL EXPENDITURES** (Add Line 8a + Line 8b + Line 8c)

(9.) \$ 19,419.55

(23.) \$ 19,419.55

INCIDENTAL EXPENSE DISBURSEMENTS
(Officeholders Only)

10. Disbursements

a. Itemized (Schedule 1C, Column 6)

(10a.) \$ _____

b. Unitemized (less than \$50.01 each - no Schedule)

(10b.) \$ _____

11. **TOTAL INCIDENTAL EXPENSE DISBURSEMENTS**
(Add Line 10a + Line 10b)

(11.) \$ _____

(24.) \$ _____

DEBTS AND OBLIGATIONS

12. Debts and Obligations

a. Owed by the Committee (Schedule 1E)

(12a.) \$ 22,360.77

b. Owed to the Committee (Schedule 1E)

(12b.) \$ 1,144.99

BALANCE STATEMENT

13. Ending Balance of last report filed
(Enter zero if no previous reports have been filed.)

(13.) \$ 1.00

14. Amount received during reporting period
(Line 5, Total Contributions & Other Receipts)

(14.) + \$ 23,505.76

15. SUBTOTAL Add lines 13 and 14

(15.) = \$ 23,505.76

16. Amount expended during reporting period
(Add lines 9 and 11)

(16.) - \$ 19,419.55

17. **ENDING BALANCE**

(Subtract line 16 from line 15)

(17.) \$ 4,088.21



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140263
2. Committee Name FRIENDS OF 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 2-13-23
Name & Address:

Mary Kathleen Swan
31720 LEXINGTON ST.
WARREN MI 48092

\$ 50.00 \$ 50.00

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 2-18-2023
Name & Address:

Representative Donovan McKinney
(personal check) 1714 Outer Drive
DETROIT, MICHIGAN 48234

\$ 250.00 \$ 250.00

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

Occupation State Rep. Employer STATE OF MICHIGAN

Click Here for Memo Itemization

Business Address N-693 Hawk Office Bldg. P.O. Box 30014 Lansing MI 48909-7514

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

3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 2-21-2023
Name & Address:

(SELF) HENRY NEWMAN
27156 GAIL DR.
WARREN MI 48092

\$ 2,000.00 \$ 2,000.00

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

Occupation Retired Employer Self

Click Here for Memo Itemization

Business Address Self

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

3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 02-07-2023
Name & Address:

Self Henry Newman
27156 Gail
Warren, Mich. 48093

\$ 500.00 \$ 2500.00

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

Occupation Retired Employer Self

Click Here for Memo Itemization

Business Address Self

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

Page Subtotal 2,800.00

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 140263

2. Committee Name FRIENDS OF 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 03-15-23

Name & Address: Henry Newman
(Self) 27156 GAIL
Warren, Mich. 48093

\$ 2100.00 \$ 4600.00

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

Occupation Retired Employer Self

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 03-15-23

Name & Address: Kabir Ahmed
5190 Ridge Lane
WARREN, MICH. 48092

\$ 30.00 \$ 30.00

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

3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt 04-06-2023

Name & Address: Henry Newman
27156 Gail
Warren, Mich 48093

\$ 2000.00 \$ 6,600.00

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

Occupation Retired Employer Self

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 04-17-2023

Name & Address: Phyllis Gramza
Patrick D. Simms
8487 Lowe Center Circle North
Warren Michigan 48093

\$ 60.00 \$ 60.00

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

\$ 4,190.00

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 140263
2. Committee Name FRIENDS OF 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 04-15-2023

Name & Address:

Melody Magee
25800 Timberline Drive

5. If over \$100.00 cumulative, please provide: Warren Michigan 48091

\$ 50.00 \$ 50.00

Occupation _____ Employer _____

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 03-30-2023

Name & Address

RJ Boccornio
27882 Rosglas

5. If over \$100.00 cumulative, please provide: Warren Michigan 48093

\$ 5.00 \$ 5.00

Occupation _____ Employer _____

Click Here for Memo Itemization

Business Address _____

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

3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt 04-15-2023

Name & Address:

Diane Young
13250 Livingston Drive

5. If over \$100.00 cumulative, please provide: Warren Michigan 48088-4761

\$ 100.00 \$ 100.00

Occupation _____ 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 05-05-2023

Name & Address

Case Koerte
3462 Michael Ave

5. If over \$100.00 cumulative, please provide: Warren Michigan 48091

\$ 50.00 \$ 50.00

Occupation _____ Employer _____

Click Here for Memo Itemization

Business Address _____

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

Page Subtotal

\$205.00

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 140263
2. Committee Name FRIENDS OF 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 04-18-23

Name & Address:

SA HENRY NEWMAN
27156 Gail
WARREN, Michigan 48093

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

Occupation Retired Employer Self

Business Address Self

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

\$ 2,548.77 \$ 10,148.77

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 05-19-23

Name & Address

Paul Joseph Wojno / Lisa Renee Wojno
32025 Margaret Ct
Warren, Michigan 48093

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

Occupation State Senator Employer State of Michigan

Business Address P.O. Box 30036 Lansing MI 48909-7536

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

\$ 100.00 \$ 100.00

[Click Here for Memo Itemization](#)

3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 05-23-23

Name & Address:

Henry Newman
27156 Gail
Warren, Michigan 48093

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

Occupation Retired Employer Self

Business Address

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

\$ 3,712.00 \$ 13,860.77

[Click Here for Memo Itemization](#)

3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 6-20-2023

Name & Address

Henry Newman
27156 Gail
Warren, Michigan 48093

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

Occupation Retired Employer Self

Business Address

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

\$ 4,000.00 \$ 17,860.77

[Click Here for Memo Itemization](#)

Page Subtotal

17,360.77

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

140263

2. Committee Name

FRIENDS OF 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

5-27-23

Name & Address:

Henry Newman
27156 Gail

5. If over \$100.00 cumulative, please provide: 48093

Occupation Retired

Employer Self

\$ 1,000.00 \$ 7,600.00

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

6-27-23

Name & Address

IUPAT Political Action Together
Political Committee
1234 Parkway Drive
Farmington Hills, MI 48334

5. If over \$100.00 cumulative, please provide: 1076

Occupation Chairman PAT

Employer IUPAT

\$ 250.00 \$ 250.00

Click Here for Memo Itemization

Business Address

Type of Contribution:

☒ Direct

☐

Loan from a person

☐

Fund Raiser

3. Contribution #3

PAC Receipt?

☐ YES

4. Date of Receipt

Name & Address:

Zvonko Blazevski
31253 Gay Street

5. If over \$100.00 cumulative, please provide: 48066

Occupation Legislative Aid

Employer Donovan McKinney

\$ 100.00 \$ 100.00

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

(Blank)

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

1,350.00

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 140263
2. Committee Name FRIENDS OF 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 7-18-2023

Name & Address:

Henry Newman

27152 Gail

WARREN, Michigan 48093

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

Occupation Retired Employer SELF

Business Address

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

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 7-20-2023

Name & Address

John B. MORAN

337 Rivard Blvd.

Grosse Pointe, Michigan 48230

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

Occupation _____ Employer _____

Business Address

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

3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt _____

Name & Address:

\$ _____ \$ _____

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

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:

Occupation _____ Employer _____

Business Address

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

Page Subtotal

4,599.99

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

23,505.76

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 140263

CANDIDATE COMMITTEE

2. Committee Name ELECTIONS OF HENRY NEWMAN

3. Name and Address from whom received
If contribution is from an individual, enter last
name first. Check box to indicate if contribution
is from a Political Committee or an Independent
Committee (Both are commonly called PACs).
Report all in-kind contributions.

4. Type of In-Kind Contribution (Check applicable box)

5. Date of Receipt

6. Name & Address of Vendor from whom goods or services were
purchased

7. Amount or
Fair Market
Value

8. Cumulative
for Election
Cycle (Through
date in Item 5)

Contribution #1 PAC Receipt? ☐ Yes

Name & Address:

self HENRY NEWMAN
27156 GARL DR.
WARREN MI 48093

If over \$100.00 cumulative, please provide:
Occupation:

Employer Name & Business Address:

self

☐ Fund Raiser Contribution

4. ☐ Endorsement or Guarantee of Bank Loan

☐ Goods Donated or Loaned ☐ Services Donated

☐ Goods or Services Purchased by Candidate or Others \$ 20

☒ Goods or Services Purchased by Candidate or Others- LOAN

Description Voter List from Clerk, City of Warren

5. Date Of Receipt: 1.10.23

6. Vendor Name & Address:

CITY of WARREN Treasurer
One City Square, Suite 200
WARREN, MI 48093-2395

Click Here for Memo Itemization

Contribution #2 PAC Receipt? ☐ Yes

Name & Address

HENRY NEWMAN
27156 GARL DR.
WARREN MI 48093

If over \$100.00 cumulative, please provide:
Occupation: Retired

Employer Name & Address:

(Same) HENRY NEWMAN
27156 GARL DR.
WARREN MI 48093

☐ Fund Raiser Contribution

4. ☐ Endorsement or Guarantee of Bank Loan

☐ Goods Donated or Loaned ☐ Services Donated

☐ Goods or Services Purchased by Candidate or Others \$ 100.00

☒ Goods or Services Purchased by Candidate or Others- LOAN

Description Affidavit of Identity and Receipt of Filing

5. Date Of Receipt: 1.4.2023

6. Vendor Name & Address:

CITY of WARREN Treasurer
One City Square, Suite 200
WARREN, MI 48093-2395

Click Here for Memo Itemization

Contribution #3 PAC Receipt? ☐ Yes

Name & Address:

HENRY NEWMAN
27156 GARL DR.
WARREN MI 48093

If over \$100.00 cumulative, please provide:

Occupation: Retired

Employer Name & Address:

same HENRY NEWMAN
27156 GARL DR.
WARREN MI 48093

☐ Fund Raiser Contribution

4. ☐ Endorsement or Guarantee of Bank Loan

☐ Goods Donated or Loaned ☐ Services Donated

☐ Goods or Services Purchased by Candidate or Others \$ 10.00

☒ Goods or Services Purchased by Candidate or Others- LOAN

Description Voter List, District 5 of City of WARREN

5. Date Of Receipt: Jan. 10, 2023

6. Vendor Name & Address:

ELECTIONS Office
Macomb County Clerk/Reg. of Secs
120 North Main Street
Mt. Clemens MI 48043

Click Here for Memo Itemization

Page Subtotal \$ 130.00

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) \$ 130.00

Enter this total
on line 6 of Summary
Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 140263
2. Committee Name FRIENDS OF 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>John Duffy</u> Address <u>6817 Muirfield Dr</u> <u>Shelby Twn. MI 48316</u> ☐ Fund Raiser	Purpose: <u>Campaign Mgr</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>2-23-23</u> Date	\$ <u>1,000.00</u>
Expenditure #2 Name <u>Caitlin Grosse</u> Address <u>916 Linden Way</u> <u>Auburn Hills MI 48326</u> ☐ Fund Raiser	Purpose: <u>Graphic Design</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>2-23-23</u> Date	\$ <u>500.00</u>
Expenditure #3 Name <u>The Original Print Shop</u> Address <u>2705 Telegraph Rd</u> <u>Pontiac, mi 48341-1933</u> ☐ Fund Raiser	Purpose: <u>Printing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3-23-23</u> Date	\$ <u>2,188.90</u>
Expenditure #4 Name <u>PNC BANK</u> Address <u>24734 Van Dyke</u> <u>Centerline, mi 48015</u> ☐ Fund Raiser	Purpose: <u>Convenience Checks</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3-15-23</u> Date	\$ <u>4.50</u>
Expenditure #5 Name <u>PNC BANK</u> Address <u>24734 Van Dyke</u> <u>Centerline, mi 48015</u> ☐ Fund Raiser	Purpose: <u>Business Checks</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3-6-23</u> Date	\$ <u>70.83</u>

Subtotal this page

\$ 3,764.23

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 140263
2. Committee Name FRIENDS OF 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>John Duffy</u> Address <u>6817 marfield Dr.</u> <u>Shelby Township, mich</u> <u>48316</u> ☐ Fund Raiser	Purpose: <u>Campaign Mgr.</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04-07-2023</u> Date	<u>\$2,000.00</u>
Expenditure #2 Name <u>Caitlin Gadda</u> Address <u>916 Linden Way</u> <u>Auburn Hills, mich. 48236</u> ☐ Fund Raiser	Purpose: <u>Graphic Design</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04-07-2023</u> Date	<u>\$100.00</u>
Expenditure #3 Name <u>Sawicki & Sons</u> Address <u>1521 Lafayette</u> <u>Detroit, Michigan 48216</u> ☐ Fund Raiser	Purpose: <u>yard Sign</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04-13-23</u> Date	<u>\$1,274.39</u>
Expenditure #4 Name <u>Sawicki & Sons</u> Address <u>1521 Lafayette</u> <u>Detroit, Michigan</u> <u>48216</u> ☐ Fund Raiser	Purpose: <u>yard sign</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04-19-23</u> Date	<u>\$1,274.38</u>
Expenditure #5 Name <u>Caitlin Gadda</u> Address <u>916 Linden Way</u> <u>Auburn Hills, mich.</u> <u>48236</u> ☐ Fund Raiser	Purpose: <u>Graphics Design Review</u> <u>ADD to mailer</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5-30-2023</u> Date	<u>\$100.00</u>
Subtotal this page			<u>4,748.77</u>
Grand Total of all Schedules 1B (Complete on last page of Schedule)			



ITEMIZED EXPENDITURES

SCHEDULE 1B

CANDIDATE COMMITTEE

1. Committee I. D. Number

140263

2. Committee Name

FRIENDS OF HENRY NEWMAN

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name: John Duffy Address: 6817 Muirfield Drive Shelby Township, Michigan 48316 ☐ Fund Raiser	Purpose: Admin For Camp Services ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	5-25-23	\$ 2,200.00
Expenditure #2 Name: Caitlin Gadda Address: 916 Linden Way Auburn Hills, Michigan 48236 ☐ Fund Raiser	Purpose: 2nd Mailer Design Review ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	6-22-23	\$ 250.00
Expenditure #3 Name: John Duffy Address: 6817 Muirfield Drive Shelby Township, Michigan 48316 ☐ Fund Raiser	Purpose: Admin for Campaign Services ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	6-22-23	\$ 2,000.00
Expenditure #4 Name: The Original Print Shop Address: 2705 Telegraph Road Pontiac, MI 48341 ☐ Fund Raiser	Purpose: Post Cards + Postage Printing ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	6-22-23	\$ 1,611.65
Expenditure #5 Name: Caitlin Gadda Address: 916 Linden Way Auburn Hills, Michigan 48236 ☐ Fund Raiser	Purpose: A/V mailing ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	6-22-23	\$ 250.00
Subtotal this page			6,311.65
Grand Total of all Schedules 1B (Complete on last page of Schedule)			



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number

140263

2. Committee Name

FRIENDS OF 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>John Duffy</u> Address <u>6817 Muirfield Drive</u> <u>Shelby Township, Mich</u> <u>48316</u> ☐ Fund Raiser	Purpose: <u>Administration</u> <u>for campaign</u> <u>Services</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-22-23</u> Date	<u>\$ 2,000.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name <u>The Original Print Shop</u> Address <u>2705 Telegraph Road</u> <u>Pontiac, Michigan</u> <u>48341</u> ☐ Fund Raiser	Purpose: <u>PostCARDS and</u> <u>POSTAGE PRINTING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5-24-23</u> Date	<u>\$ 1,611.94</u> Click Here for Memo Itemization Type
Expenditure #3 Name <u>John Duffy</u> Address <u>6817 Muirhead Drive</u> <u>Shelby, Township, Michigan</u> <u>48316</u> ☐ Fund Raiser	Purpose: <u>Administration</u> <u>For Campaign Services</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-20-23</u> Date	<u>\$ 3,000.00</u> Click Here for Memo Itemization Type
Expenditure #4 Name <u>The Original Print Shop</u> Address <u>2705 Telegraph Road</u> <u>Pontiac, Michigan</u> <u>48341</u> ☐ Fund Raiser	Purpose: <u>PostCARD</u> <u>Walking literature</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-19-23</u> Date	<u>\$ 222.60</u> Click Here for Memo Itemization Type
Expenditure #5 Name <u>ACT BLUE</u> Address <u>ACTBLUE.com</u> <u>Website Contribution App</u> ☐ Fund Raiser	Purpose: <u>Contribution</u> <u>Service Fees</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02-05-23</u> Date	<u>\$ 10.36</u> Click Here for Memo Itemization Type

Subtotal this page

6,844.90

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

21,669.55

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140263
2. Committee Name Friends of Henry Newnan

This Schedule itemizes:

a ☐ Debts and obligations owed by or forgiven the committee OR b ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Owed to or by: Corp? ☐ Yes Mr. Henry L. Newnan 27156 Gail Dr Warren, MI 48093 	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>2-21-23</u> 6. <u>Original Amount of Debt:</u> <u>\$ 2,000.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>2,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or by: Corp? ☐ Yes Mr. Henry L. Newnan 27156 Gail Dr Warren, MI 48093	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>02-07-23</u> 6. <u>Original Amount of Debt:</u> <u>\$ 500.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>2,500.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Owed to or by: Corp? ☐ Yes Mr. Henry L. Newnan 27156 Gail Dr Warren, MI 48093	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>03-15-23</u> 6. <u>Original Amount of Debt:</u> <u>\$ 2,100.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>4,600.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

\$4,600.00

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS

SCHEDULE 1E

CANDIDATE COMMITTEE

1. Committee I.D. Number 140263

2. Committee Name FRIENDS of Henry Newnan

This Schedule itemizes:

a ☐ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: Mr. Henry L. Newnan 27156 Gail Dr Warren, MI 48093	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>04-06-2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 2,000.00</u>	\$ \$ \$ \$ \$	\$	<u>\$ 6,600.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Corp? ☐ Yes Owed to or by: Mr. Henry L. Newnan 27156 Gail Dr Warren, MI 48093	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>04-18-2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 2,548.77</u>	\$ \$ \$ \$ \$	\$	<u>\$ 9,148.77</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Corp? ☐ Yes Owed to or by: Mr. Henry L. Newnan 27156 Gail Dr Warren, MI 48093	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>05-23-2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 372.00</u>	\$ \$ \$ \$ \$	\$	<u>\$ 12,860.77</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt) \$ 8,260.77

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS

SCHEDULE 1E

CANDIDATE COMMITTEE

1. Committee I.D. Number 140263

2. Committee Name FRESNO of Henry Newnan

This Schedule itemizes:

a. ☐ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: Mr. Henry L. Newnan 27156 Gail Dr Warren, MI 48093	4. Type: <u>Loan</u> 5. Date Debt Was Incurred: <u>05-26-2023</u> 6. Original Amount of Debt: <u>\$ 4,000.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>13,860.77</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: Mr. Henry L. Newnan 27156 Gail Dr Warren, MI 48093	4. Type: <u>Loan</u> 5. Date Debt Was Incurred: <u>06-20-23</u> 6. Original Amount of Debt: <u>\$ 4,000.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>17,860.77</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: Mr. Henry L. Newnan III 27156 Gail Dr Warren, MI 48093	4. Type: <u>Loan</u> 5. Date Debt Was Incurred: <u>07-19-2023</u> 6. Original Amount of Debt: <u>\$ 4,500.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>22,360.77</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) \$ 9,500.00

Grand Total of all Schedules 1E \$ 22,360.77
(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.