



FILED

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MACOMB COUNTY CLERK
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**CANDIDATE COMMITTEE
COVER PAGE**

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: 07/21/2024 to 10/20/2024

1. Committee I.D. Number

140263

4. Candidate Last Name First Name M.I.

NEWNAN HENRY

4a. Office Sought Including District # or Community Served (If applicable)

COUNCIL DISTRICT 5, WARREN

4b. County of Residence **MACOMB COUNTY**

2. Committee Name

FRIENDS OF HENRY NEWNAN

5. Committee's Mailing Address

**27156 GAIL DRIVE
WARREN, MI 48093**

6. Treasurer's Name & Residential Address

**HENRY NEWNAN
27156 GAIL DRIVE
WARREN, MI 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.

Area Code & Phone (586) 360-4998

7. Treasurer's Business Address

**27156 GAIL DRIVE
WARREN, MI 48093**

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

Area Code and Phone (586) 360-4998

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

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

- ☐ July Quarterly
☒ October Quarterly

9c. ☐ Annual Statement (2024)
Coverage Year

9d. ☐ Amendment to Campaign Statement
(Complete Item 9a, 9b , 9c or 9e to indicate which Statement is being amended.)

Date of Election, Convention or Caucus

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 lates 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

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/25/2024

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/25/2024



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140263

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name FRIENDS OF HENRY NEWNAN

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>677.53</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>677.53</u>	(18.) \$ <u>3,897.53</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>677.53</u>	(20.) \$ <u>3,897.53</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>494.95</u>	(21.) \$ <u>494.95</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>7.08</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>7.08</u>	(23.) \$ <u>15,078.18</u>
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>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>37,386.67</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>731.35</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>677.53</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>1,408.88</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>7.08</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>1,401.80</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140263
2. Committee Name FRIENDS OF HENRY NEWNAN

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? ☐ YES	4. Date of Receipt <u>07/21/2024</u>	
Name & Address: LINDA KOCH 30563 RIDGEFIELD AVE WARREN, MI 48088		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/28/2024</u>	
Name & Address: DIANE YOUNG 13250 IRVINGTON DR WARREN, MI 48088		\$ <u>40.00</u>	\$ <u>40.00</u>
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 <u>07/28/2024</u>	
Name & Address: LINDA KOCH 30563 RIDGEFIELD AVE WARREN, MI 48088		\$ <u>20.00</u>	\$ <u>45.00</u>
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 <u>07/29/2024</u>	
Name & Address: BIRDIE NASH 29484 ASHLAND AVE HARRISON TWP, MI 48045		\$ <u>22.53</u>	\$ <u>22.53</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **107.53**

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 <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? ☐ YES	4. Date of Receipt <u>07/29/2024</u>	
Name & Address: SAIMA KHALIL 12101 VOLPE DR STERLING HEIGHTS, MI 48312		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>KHALIL LAW PLLC</u> Business Address <u>134 MARKET ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/29/2024</u>	
Name & Address: MAI XIONG 32820 NEWCASTLE DR WARREN, MI 48093		\$ <u>50.00</u>	\$ <u>50.00</u>
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 <u>07/29/2024</u>	
Name & Address: MELODY MAGEE 25800 TIMBERLINE DR WARREN, MI 48091		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TALENT OFFICER</u> Employer <u>CAREER FOCUS CONSULTING SERVICES, LLC</u> Business Address <u>25800 TIMBERLINE DR, WARREN, MI 48091</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/29/2024</u>	
Name & Address: GERALD HASPACHER 8299 KENNEDY CIR N UNIT 1 WARREN, MI 48093		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **155.00**

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 <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? ☐ YES	4. Date of Receipt <u>07/29/2024</u>	
Name & Address: JACKIE KELLY 2524 CHALK FARM RD N WARREN, MI 48091		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/29/2024</u>	
Name & Address: JONATHAN LAFFERTY 28727 CUNNINGHAM DR WARREN, MI 48092		\$ <u>10.00</u>	\$ <u>10.00</u>
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 <u>07/29/2024</u>	
Name & Address: HEATHER ZIELINSKI 26239 WEXFORD DR WARREN, MI 48091		\$ <u>10.00</u>	\$ <u>10.00</u>
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 <u>07/29/2024</u>	
Name & Address: CAROL HOGAN 26653 TOM ALLEN DR WARREN, MI 48089		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 40.00

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 NEWNAN

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? ☐ YES	4. Date of Receipt <u>07/30/2024</u>	
Name & Address: PAUL WOJNO 32025 MARGARET CT WARREN, MI 48093		\$ <u>75.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☒ YES	4. Date of Receipt <u>07/30/2024</u>	
Name & Address: CHALDEAN AMERICAN CHAMBER OF COMMERCE 30095 NORTHWESTERN HWY SUITE 101 FARMINGTON HILLS, MI 48334		\$ <u>250.00</u>	\$ <u>250.00</u>
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 <u>08/22/2024</u>	
Name & Address: DONNA CUMMINGS 1635 35TH ST OAK BROOK, IL 60523		\$ <u>50.00</u>	\$ <u>50.00</u>
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 **375.00**

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

677.53

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 140263
2. Committee Name FRIENDS 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 <u>all</u> 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: HENRY NEWMAN 27156 GAIL DR WARREN, MI 48093 If over \$100.00 cumulative, please provide: Occupation: RETIRED GRAPHIC DESIGNER Employer Name & Business Address: 27156 GAIL 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 ☒ Goods or Services Purchased by Candidate or Others- LOAN Description <u>FUND RAISER FOOD FROM COSTCO</u> 5. Date Of Receipt: <u>07/28/2024</u> 6. Vendor Name & Address: COSTCO 27118 GRATIOT AVE, ROSEVILLE, MI 48066	\$ 87.95	\$ 87.95
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: DIANE ROTTIERS 15290 COUZENS AVE EASTPOINTE, MI 48021 If over \$100.00 cumulative, please provide: Occupation: WARRANTY ADMINISTRATION Employer Name & Address: IPG SERVICES GM SERVICE LEARNING CENTER, 30501 VAN DYKE, WARREN, MI 48090 ☒ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☒ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description <u>INVITATION POSTAGE</u> 5. Date Of Receipt: <u>07/28/2024</u> 6. Vendor Name & Address: US POSTAL SERVICE 22430 22430 GRATIOT AVE, EASTPOINTE, MI 48021	\$ 27.20	\$ 27.20
Contribution #3 PAC Receipt? ☐ Yes Name & Address: DIANE ROTTIERS 15290 COUZENS AVE EASTPOINTE, MI 48021 If over \$100.00 cumulative, please provide: Occupation: WARRANTY ADMINISTRATION Employer Name & Address: IPG SERVICES GM SERVICE LEARNING CENTER, 30501 VAN DYKE, WARREN, MI 48090 ☒ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☒ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description <u>INVITATIONS</u> 5. Date Of Receipt: <u>07/28/2024</u> 6. Vendor Name & Address: LITTLE GREEN APPLE 13 MILE RD, ROSEVILLE, MI 48066	\$ 14.82	\$ 42.02

Page Subtotal **129.97** **0.00**

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

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **140263**

CANDIDATE COMMITTEE

2. Committee Name **FRIENDS OF HENRY NEWNAN**

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 <u>all</u> 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: DIANE ROTTIERS 15290 COUZENS AVE EASTPOINTE, MI 48021 If over \$100.00 cumulative, please provide: Occupation: WARRANTY ADMINISTRATION Employer Name & Business Address: IPG SERVICES GM SERVICE LEARNING CENTER, 30501 VAN DYKE, WARREN, MI 48090 ☒ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☒ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description PARTY DECORATIONS 5. Date Of Receipt: 07/28/2024 6. Vendor Name & Address: DOLLAR TREE 18879 E 9 MILE RD, EASTPOINTE, MI 48021	\$ 64.98	\$ 107.00
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: HENRY L NEWNAN 27156 GAIL DR WARREN, MI 48093 If over \$100.00 cumulative, please provide: Occupation: RETIRED GRAPHIC DESIGNER Employer Name & Address: RETIRED 27156 GAIL 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 ☒ Goods or Services Purchased by Candidate or Others- LOAN Description DISC JOCKEY 5. Date Of Receipt: 07/28/2024 6. Vendor Name & Address: DJ-DOS LOPEZ 1090 DORAL DR, TROY, MI 48085	\$ 200.00	\$ 287.95
Contribution #3 PAC Receipt? ☐ Yes Name & Address: HENRY L NEWNAN 27156 GAIL DR WARREN, MI 48093 If over \$100.00 cumulative, please provide: Occupation: RETIRED GRAPHIC DESIGNER Employer Name & Address: RETIRED 27156 GAIL 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 ☒ Goods or Services Purchased by Candidate or Others- LOAN Description PAVILLION RENTAL FEE 5. Date Of Receipt: 07/28/2024 6. Vendor Name & Address: WARREN PARKS & REC. 5460 ARDEN, WARREN, MI 48092	\$ 100.00	\$ 387.95

Page Subtotal **364.98** **494.95**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **494.95**

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 NEWNAN**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ACT BLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☒ Fund Raiser	Purpose: <u>ON LINE CONTRIBUTION SERVICE EXPENSE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/29/2024</u> Date	\$ <u>7.08</u>
Expenditure #2 Name Address ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page	7.08
Grand Total of all Schedules 1B (Complete on last page of Schedule)	7.08

Enter this total
on line 8a of
Summary Page



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: 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>	11/21/23 \$ 1,900.00 \$ \$ \$ \$	\$ 1,900.00	\$ <u>648.77</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #2 Corp? ☐ Yes Owed to or by: 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>3,712.00</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ <u>3,712.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: HENRY L NEWNAN 27156 GAIL DR WARREN, MI 48093	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>05/30/2023</u> 6. <u>Original Amount of Debt:</u> \$ <u>1,000.00</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ <u>1,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				

Page Subtotal (Outstanding debt)

5,360.77

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

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.

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



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: HENRY L NEWNAN 27156 GAIL DR WARREN, MI 48093	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>06/20/2023</u> 6. <u>Original Amount of Debt:</u> \$ <u>4,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>4,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: HENRY L NEWNAN 27156 GAIL DR WARREN, MI 48093	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/19/2023</u> 6. <u>Original Amount of Debt:</u> \$ <u>4,500.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>4,500.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: HENRY L NEWNAN 27156 GAIL DR WARREN, MI 48093	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>08/24/2023</u> 6. <u>Original Amount of Debt:</u> \$ <u>4,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>4,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

12,500.00

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.



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: HENRY L NEWNAN 27156 GAIL DR WARREN, MI 48093	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>09/19/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 8,750.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>8,750.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: HENRY NEWNAN 27156 GAIL DR WARREN, MI 48093	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>10/10/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 10,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>10,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: HENRY NEWNAN 27156 GAIL DR WARREN, MI 48093	4. Type: <u>IN-KIND LOANS</u> 5. <u>Date Debt Was Incurred:</u> <u>07/29/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 387.95</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>387.95</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

19,137.95

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

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.

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



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: HENRY NEWNAN 27156 GAIL DR WARREN, MI 48093	4. Type: <u>LOAN TO CAMPAIGN FROM IN-KIN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/29/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 387.95</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0.00</u>	<u>\$ 387.95</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

387.95

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

37,386.67

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.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **140263**
2. Committee Name **FRIENDS OF HENRY NEWMAN**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 07/29/2024	4. Number of Individuals Attending or Participating (whichever is greater) 11	5. Type of Fund Raising Activity SOCIAL W DJ AND SNACKS IN VETERAN'S PARK	6. Address and Name (If any) of the place where the activity was held. VETERAN'S PARK 27400 CAMPBELL RD WARREN, MI 48093 ☐ Private Residence
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7. Total Contributions **670.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **670.00**
10. Total Cost of Event **502.03**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.