



FILED

25 JAN 2025 AM 11:07

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

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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: 01/01/2023 to 07/20/2023

1. Committee I.D. Number

139728

4. Candidate Last Name First Name M.I.

YANEZ HENRY J

2. Committee Name

CTE HENRY YANEZ

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

COUNCIL, STERLING HEIGHTS

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

5. Committee's Mailing Address

**14052 BERY
STERLING HGTS, MI 48312**

Area Code and Phone (586) 580-1918
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
STERLING HGTS, MI 48312**

Area Code & Phone (586) 321-3058

7. Treasurer's Business Address

**14052 BERY
STERLING HGTS, MI 48312**

Area Code and Phone (586) 321-3058

8. Designated Record keeper's Name and Mailing 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 (2023)
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 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

01/25/2025

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

01/25/2025



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 MICHIGAN DEMOCRATIC PARTY Address 606 TOWNSEND ST LANSING, MI 48933 <input type="checkbox"/> Fund Raiser	Purpose: MEMBERSHIP DUES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	01/12/2023 Date	\$ 10.00
Expenditure #2 Name WINNING CONNECTIONS Address 317 PENNSYLVANIA AVE. SE WASHINGTON, DC 20003 <input type="checkbox"/> Fund Raiser	Purpose: CAMPAIGN MEDIA <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	03/02/2023 Date	\$ 955.24
Expenditure #3 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			
Expenditure #4 Name STEPHANIE CHANG FOR SENATE Address P. O. BOX 32317 DETROIT, MI 48232 <input checked="" type="checkbox"/> Fund Raiser	Purpose: CAMPAIGN CONTRIBUTION <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/13/2023 Date	\$ 50.00
Expenditure #5 Name CTE MICHAEL HOWARD Address 23725 BEIERMAN AVE WARREN, MI 48091 <input checked="" type="checkbox"/> Fund Raiser	Purpose: CAMPAIGN CONTRIBUTION <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/22/2023 Date	\$ 50.00

Subtotal this page	1,065.24
Grand Total of all Schedules 1B (Complete on last page of Schedule)	1,065.24

Enter this total
on line 8a of
Summary Page