



FILED

25 JUL 2025 AM 11:37

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

**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: 01/01/2025 to 07/20/2025

1. Committee I.D. Number 139728	4. Candidate Last Name YANEZ	First Name HENRY	M.I.
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 <u>(586) 580-1918</u> <small>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.</small>	6. Treasurer's Name & Residential Address HENRY YANEZ 14052 BERY STERLING HGTS, MI 48312 Area Code & Phone <u>(586) 321-3058</u>
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7. Treasurer's Business Address 14052 BERY STERLING HGTS, MI 48312 Area Code and Phone <u>(586) 321-3058</u>	8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) Area Code and Phone <u>() -</u>
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9. TYPE OF STATEMENT 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus Date of Election, Convention or Caucus <u>08/05/2025</u>	Required ONLY if candidate is not on the ballot for the current year: <input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly 9c. <input type="checkbox"/> Annual Statement () Coverage Year 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)	9e. Dissolution of Candidate Committee <input type="checkbox"/> 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.
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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 <u>07/25/2025</u>
Candidate Type or Print Name _____ Signature _____	Submitted electronically, signature on file Date <u>07/25/2025</u>



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139728

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE HENRY YANEZ

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>13,441.78</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>13,441.78</u>	(18.) \$ <u>18,946.78</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>13,441.78</u>	(20.) \$ <u>18,946.78</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>0.00</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>6,773.11</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>50.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>6,823.11</u>	(23.) \$ <u>12,406.43</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>7,786.78</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>3,121.75</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>13,441.78</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>16,563.53</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>6,823.11</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>9,740.42</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139728
2. Committee Name CTE HENRY YANEZ

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? <input type="checkbox"/> YES 4. Date of Receipt <u>02/10/2025</u> Name & Address: <u>HENRY YANEZ</u> <u>14052 BERY DR</u> <u>STERLING HEIGHTS, MI 48312</u>		\$ <u>1,500.00</u>	\$ <u>7,005.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COUNCIL MEMBER</u> Employer <u>CITY OF STERLING HEIGHTS</u> Business Address <u>40555 UTICA RD, STERLING HEIGHTS, MI 48313</u> Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>02/25/2025</u> Name & Address: <u>SHE'S THE FUTURE PAC</u> <u>P. O. BOX 10043</u> <u>LANSING, MI 48901</u>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/20/2025</u> Name & Address: <u>HENRY YANEZ</u> <u>14052 BERY DR</u> <u>STERLING HEIGHTS, MI 48312</u>		\$ <u>750.00</u>	\$ <u>7,755.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COUNCIL MEMBER</u> Employer <u>CITY OF STERLING HEIGHTS</u> Business Address <u>40555 UTICA RD, STERLING HEIGHTS, MI 48313</u> Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/31/2025</u> Name & Address: <u>ANDREW NADHIR</u> <u>888 W BIG BEAVER RD</u> <u>TROY, MI 48084</u>		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEVELOPER</u> Employer <u>SELF</u> Business Address <u>888 W BIG BEAVER RD, TROY, MI 48084</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 4,350.00

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 139728
2. Committee Name CTE HENRY YANEZ

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)
<p>3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/01/2025</u></p> <p>Name & Address: WAAD NADHIR 888 W BIG BEAVER RD TROY, MI 48084</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>DEVELOPER</u> Employer <u>SELF</u> Business Address <u>888 W BIG BEAVER RD, TROY, MI 48084</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>2,450.00</u>	\$ <u>2,450.00</u>
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/05/2025</u></p> <p>Name & Address: DOUGLAS SHEPHERD 46112 TALLY HO DR MACOMB, MI 48044</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>200.00</u>	\$ <u>200.00</u>
<p>3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/04/2025</u></p> <p>Name & Address: JOE NAGEL 11720 15 MILE RD APT A-15 STERLING HEIGHTS, MI 48312</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>UNEMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>40.00</u>	\$ <u>40.00</u>
<p>3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/05/2025</u></p> <p>Name & Address: PAUL CALMI 7253 RIDGEVIEW LN WASHINGTON, MI 48095</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>CFO</u> Employer <u>CASADEI STRUCTURAL STEEL</u> Business Address <u>40625 MOUND RD, STERLING HEIGHTS, MI 48310</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>250.00</u>	\$ <u>250.00</u>

Page Subtotal 2,940.00

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

Enter this total on
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Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139728
2. Committee Name CTE HENRY YANEZ

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? <input type="checkbox"/> YES 4. Date of Receipt <u>06/16/2025</u> Name & Address: HENRY YANEZ 14052 BERY DR STERLING HEIGHTS, MI 48312		\$ <u>31.78</u>	\$ <u>7,786.78</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COUNCIL MEMBER</u> Employer <u>CITY OF STERLING HEIGHTS</u> Business Address <u>40555 UTICA RD, STERLING HEIGHTS, MI 48313</u> Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/22/2025</u> Name & Address: RICK MCKIDDY 43586 PERIGNON DR STERLING HEIGHTS, MI 48314		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FLIGHT ATTENDANT</u> Employer <u>FRONTIER</u> Business Address <u>4545 AIRPORT WAY, DENVER, CO 80239</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/23/2025</u> Name & Address: RONNIE MCCABE 34546 MAPLE LN DR STERLING HEIGHTS, MI 48312		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/23/2025</u> Name & Address: WAAD TALLOU 38306 SLEIGH DR STERLING HEIGHTS, MI 48310		\$ <u>140.00</u>	\$ <u>140.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>METRO PRINTS</u> Business Address <u>5580 GATEWOOD DR, STERLING HEIGHTS, MI 48310</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 261.78

Grand Total of All Schedules 1A
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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/23/2025</u> Name & Address: ERIC SHEPHERD 15335 SPRUCE DR MACOMB, MI 48044		\$ <u>80.00</u>	\$ <u>80.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>JUDGE</u> Employer <u>41-A DISTRICT COURT</u> Business Address <u>40111 DODGE PARK RD, STERLING HEIGHTS, MI 48313</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/23/2025</u> Name & Address: GEORGE ESCHENBURG 11739 WHEATON DR STERLING HEIGHTS, MI 48313		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HELP DESK</u> Employer <u>EDUSTAFF</u> Business Address <u>4120 BROCKTON DR SE, GRAND RAPIDS, MI 49512</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/24/2025</u> Name & Address: LEA KACZANOWSKI 14587 TOPSAIL DR NAPLES, FL 34114		\$ <u>80.00</u>	\$ <u>80.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/24/2025</u> Name & Address: JAMES DENARDIS 36664 RIDGECROFT DR STERLING HEIGHTS, MI 48312		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 260.00

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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/24/2025</u> Name & Address: RICHARD BROUGHTON 13866 BISCAYNE DR STERLING HEIGHTS, MI 48313		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/24/2025</u> Name & Address: JOANNA DENNIS 38750 MONTEREY DR STERLING HEIGHTS, MI 48312		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TEACHER</u> Employer <u>WARREN WOODS</u> Business Address <u>12900 FRAZHO RD, WARREN, MI 48089</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/25/2025</u> Name & Address: WALLACE BRONSON 36239 MELBOURNE DR STERLING HEIGHTS, MI 48312		\$ <u>70.00</u>	\$ <u>70.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/26/2025</u> Name & Address: JAMES MOSLEY 4805 N HEMPSTEAD CT STERLING HEIGHTS, MI 48310		\$ <u>140.00</u>	\$ <u>140.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 300.00

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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? <input type="checkbox"/> YES	4. Date of Receipt <u>06/26/2025</u>	
Name & Address: ROBERT PHILLIPS 21977 HIGHLANDS DR MACOMB, MI 48044		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FINANCIAL ADVISOR</u> Employer <u>JP MORGAN WEALTH MANAGEMENT</u> Business Address <u>480 PIERCE ST, BIRMINGHAM, MI 48009</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/26/2025</u>	
Name & Address: TERI DENNINGS P. O. BOX 46528 MOUNT CLEMENS, MI 48046		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/26/2025</u>	
Name & Address: MARC KASZUBSKI 1096 BROMPTON RD ROCHESTER HILLS, MI 48309		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>O'REILLY RANCILIO P.C.</u> Business Address <u>12900 HALL RD, STERLING HEIGHTS, MI 48313</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/26/2025</u>	
Name & Address: CONNOR BERDY 11259 PAIGE AVE WARREN, MI 48089		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF</u> Business Address <u>11259 PAIGE AVE, WARREN, MI 48089</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 280.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139728
2. Committee Name CTE HENRY YANEZ

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? <input type="checkbox"/> YES 4. Date of Receipt <u>06/26/2025</u> Name & Address: YVONNE D KNIAZ 14016 PERNELL DR STERLING HEIGHTS, MI 48313		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/26/2025</u> Name & Address: CHRISTINE PIERCE 891 N CHANNEL DR HARSENS ISLAND, MI 48028		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/26/2025</u> Name & Address: ROBERT BECKER 40847 COLONY DR STERLING HEIGHTS, MI 48313		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/26/2025</u> Name & Address: PHILIP PANNECOUCK 38347 CHARWOOD DR STERLING HEIGHTS, MI 48312		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 300.00

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CANDIDATE COMMITTEE**

1. Committee I.D. Number 139728
2. Committee Name CTE HENRY YANEZ

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? <input type="checkbox"/> YES 4. Date of Receipt <u>06/26/2025</u> Name & Address: THOMAS SZATKOWSKI 33229 VICEROY DR STERLING HEIGHTS, MI 48310		\$ <u>60.00</u>	\$ <u>60.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/26/2025</u> Name & Address: MICHAEL NOTTE 48728 JAMIE CIR SHELBY TWP, MI 48317		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/26/2025</u> Name & Address: NICK NAJJAR 850 STEPHENSON HWY TROY, MI 48083		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>SELF</u> Business Address <u>850 STEPHENSON HWY, TROY, MI 48083</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/26/2025</u> Name & Address: PAUL MANNI 42778 FLIS DR STERLING HEIGHTS, MI 48314		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 250.00

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 139728
2. Committee Name CTE HENRY YANEZ

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? <input type="checkbox"/> YES 4. Date of Receipt <u>06/26/2025</u> Name & Address: NANCY SZATKOWSKI BLOSSOM LN CLINTON TWP, MI 48038		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/26/2025</u> Name & Address: SCOTT LOCKWOOD 950 SOUTHDOWN RD BLOOMFIELD HILLS, MI 48304		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>ANDERSON ECKSTEIN & WESTRICK</u> Business Address <u>51301 SCHOENHERR RD, SHELBY TWP, MI 48315</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/26/2025</u> Name & Address: STEPHEN PANGORI 8106 ROSEBUD LN CLARKSTON VLG, MI 48348		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>ANDERSON ECKSTEIN & WESTRICK</u> Business Address <u>51301 SCHOENHERR RD, SHELBY TWP, MI 48315</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/26/2025</u> Name & Address: BRUCE KENNEDY 40651 RIVERBEND DR STERLING HEIGHTS, MI 48310		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 500.00

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 139728
2. Committee Name CTE HENRY YANEZ

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? <input type="checkbox"/> YES 4. Date of Receipt <u>06/26/2025</u> Name & Address: DOUGLAS SHEPHERD 46112 TALLY HO DR MACOMB, MI 48044		\$ <u>200.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/26/2025</u> Name & Address: PIYUSH ANAM 5361 LIVERNOIS RD TROY, MI 48098		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDER</u> Employer <u>SELF</u> Business Address <u>5361 LIVERNOIS RD, TROY, MI 48098</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/28/2025</u> Name & Address: DIANE HUDSON 28173 COTTONWOOD CT CHESTERFIELD, MI 48047		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/28/2025</u> Name & Address: DINO JUNCAJ 43500 UTICA RD STERLING HEIGHTS, MI 48314		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>UTICA VAN DYKE TOWING</u> Business Address <u>43500 UTICA RD, STERLING HEIGHTS, MI 48314</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 2,450.00

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 139728
2. Committee Name CTE HENRY YANEZ

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? <input type="checkbox"/> YES	4. Date of Receipt <u>07/08/2025</u>	
Name & Address: VERONICA PAIZ 20052 HUNT CLUB DR HARPER WOODS, MI 48225		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>STATE REPRESENTATIVE</u> Employer <u>MICHIGAN HOUSE OF REPRESENTATIVES</u> Business Address <u>P. O. BOX 30014, LANSING, MI 48909</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>07/12/2025</u>	
Name & Address: REALTORS PAC OF MICHIGAN I 720 N WASHINGTON AVE LANSING, MI 48906		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>07/12/2025</u>	
Name & Address: REGISTRARS PAC LOCAL 58 IBEW 1358 ABBOTT ST DETROIT, MI 48216		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
Name & Address		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **1,550.00**

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

13,441.78

Enter this total on
line 3a of Summary
Page.



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 MACOMB COUNTY CLERK/REGISTER OF DEEDS Address 120 N MAIN ST MT CLEMENS, MI 48043 <input type="checkbox"/> Fund Raiser	Purpose: FINES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/10/2025</u> Date	\$ <u>1,500.00</u>
Expenditure #2 Name MICHIGAN DEMOCRATIC PARTY Address 606 TOWNSEND ST LANSING, MI 48933 <input type="checkbox"/> Fund Raiser	Purpose: ACCESS TO VAN <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/20/2025</u> Date	\$ <u>750.00</u>
Expenditure #3 Name BLAZE INVESTMENTS LLC Address 115 W ALLEGAN ST LANSING, MI 48933 <input type="checkbox"/> Fund Raiser	Purpose: DOOR HANGERS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/06/2025</u> Date	\$ <u>866.81</u>
Expenditure #4 Name POLISH CENTURY CLUB Address 33204 MAPLE LN DR STERLING HEIGHTS, MI 48312 <input type="checkbox"/> Fund Raiser	Purpose: ADVERTISEMENT - POLISH FESTIVAL <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/15/2025</u> Date	\$ <u>150.00</u>
Expenditure #5 Name KOHL'S Address 44200 SCHOENHERR RD STERLING HEIGHTS, MI 48313 <input type="checkbox"/> Fund Raiser	Purpose: CAMPAIGN SHIRTS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/16/2025</u> Date	\$ <u>31.78</u>

Subtotal this page **3,298.59**

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 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 SAWICKI & SON Address 1521 W LAFAYETTE BLVD DETROIT, MI 48216 <input type="checkbox"/> Fund Raiser	Purpose: <u>2 X 6 SIGNS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/20/2025</u> Date	\$ <u>1,936.62</u>
Expenditure #2 Name ACT BLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: <u>FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/26/2025</u> Date	\$ <u>21.90</u>
Expenditure #3 Name CENTURY BANQUET CENTER Address 33204 MAPLE LN DR STERLING HEIGHTS, MI 48312 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISER DINNER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/01/2025</u> Date	\$ <u>780.00</u>
Expenditure #4 Name ACT BLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/08/2025</u> Date	\$ <u>0.75</u>
Expenditure #5 Name IMAGE AMERICA Address 44479 PHOENIX DR STERLING HEIGHTS, MI 48314 <input type="checkbox"/> Fund Raiser	Purpose: <u>LAWN SIGNS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/09/2025</u> Date	\$ <u>500.00</u>

Subtotal this page **3,239.27**

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 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 WIX Address 235 W 23 ST NEW YORK, NY 10011 <input type="checkbox"/> Fund Raiser	Purpose: WEBSITE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/12/2025</u> Date	\$ <u>235.25</u>
Expenditure #2 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 #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 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 #5 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			

Subtotal this page	235.25
Grand Total of all Schedules 1B (Complete on last page of Schedule)	6,773.11

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139728
2. Committee Name CTE HENRY YANEZ

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? <input type="checkbox"/> Yes Owed to or by: HENRY YANEZ 14052 BERY DR STERLING HEIGHTS, MI 48312	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>03/01/2022</u> 6. <u>Original Amount of Debt:</u> \$ <u>1,500.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>1,500.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: HENRY YANEZ 14052 BERY DR STERLING HEIGHTS, MI 48312	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>03/09/2022</u> 6. <u>Original Amount of Debt:</u> \$ <u>5.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>5.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: HENRY YANEZ 14052 BERY DR STERLING HEIGHTS, MI 48312	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>03/29/2022</u> 6. <u>Original Amount of Debt:</u> \$ <u>500.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>500.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

2,005.00

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 139728
2. Committee Name CTE HENRY YANEZ

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? <input type="checkbox"/> Yes Owed to or by: HENRY YANEZ 14052 BERY DR STERLING HEIGHTS, MI 48312	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>02/08/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 2,000.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0.00</u>	<u>\$ 2,000.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: HENRY YANEZ 14052 BERY DR STERLING HEIGHTS, MI 48312	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>01/19/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,500.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0.00</u>	<u>\$ 1,500.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: HENRY YANEZ 14052 BERY DR STERLING HEIGHTS, MI 48312	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>02/10/2025</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,500.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0.00</u>	<u>\$ 1,500.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **5,000.00**

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 139728
2. Committee Name CTE HENRY YANEZ

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? <input type="checkbox"/> Yes Owed to or by: HENRY YANEZ 14052 BERY DR STERLING HEIGHTS, MI 48312	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>03/20/2025</u> 6. <u>Original Amount of Debt:</u> \$ <u>750.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>750.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: HENRY YANEZ 14052 BERY DR STERLING HEIGHTS, MI 48312	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>06/16/2025</u> 6. <u>Original Amount of Debt:</u> \$ <u>31.78</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>31.78</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

781.78

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

7,786.78

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 139728
2. Committee Name CTE HENRY YANEZ

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>06/26/2025</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>50</u>	5. Type of Fund Raising Activity <u>DINNER</u>	6. Address and Name (If any) of the place where the activity was held. CENTURY BANQUET CENTER 33204 MAPLE LN DR STERLING HEIGHTS, MI 48312 <input type="checkbox"/> Private Residence
---	---	---	--

7. Total Contributions 4,910.00
8. Other Receipts 0.00
9. Gross Receipts (Add lines 7 and 8) 4,910.00
10. Total Cost of Event 780.00
(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 (%)
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

- 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.