



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 13904		3. This Statement covers From: 10-20-13 to 11-25-13	
2. Committee Name CTE Nathan Shannon		4. Candidate Last Name Shannon First Name Nathan M.I. B 4a. Office Sought Including District # or Community Served (If applicable) Sterling Heights city council 4b. County of Residence Macomb	
5. Committee's Mailing Address 40256 Diane Drive Sterling Heights, MI 48313 Area Code and Phone 58-840-8533 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 40256 Diane Drive Sterling Heights, MI 48313 Area Code & Phone 586-840-8533	
7. Treasurer's Business Address 40256 Diane Dr. Sterling Heights, MI 48313 Area Code and Phone 586-840-8533		8. Designated Record keeper's Name and Mailing Address (If the Designated Record keeper is a Designated Record keeper) ARMELLA SABAUGH MACOMB COUNTY CLERK 101 CLEMENS, MICHIGAN Area Code and Phone _____	
9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus Date of Election, Convention or Caucus 11-5-13		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. <input type="checkbox"/> Dissolution of Candidate Committee Effective Date of Dissolution _____ By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.			
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 Nathan Shannon Type or Print Name		Nathan Shannon Signature Date 12-3-13	
Candidate Nathan Shannon Type or Print Name		Nathan Shannon Signature Date 12-3-13	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
CANDIDATE COMMITTEE**

1. Committee I.D. Number

139034

2. Committee Name

CTE Nathan Shannon

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 0	(18.) \$
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	(19.) \$
c. Subtotal of "Contributions"	(3c.) \$	(20.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(21.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 0	(22.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ 302.86	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ 302.86	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 2203.00	
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.) \$ 2203.00	(23.) \$
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.) \$	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ 500.00	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ 1619.86	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ 0	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ 1619.86	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ 2203.00	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 1.86	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number

13904

2. Committee Name

CTE Nathan Shannon

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)
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Contribution # 1 PAC Receipt? ☐ Yes

Name & Address:

Nathan Shannon
40256 Diane Drive
Sterling Heights, MI 48313

If over \$100.00 cumulative, please provide:

Occupation:

Employer Name & Business Address:

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 Mailing

5. Date Of Receipt: 10-24-13

6. Vendor Name & Address:

Adair Graphic Communications
7850 Second St.
Dexter, MI 48130

Click Here for Memo Itemization

\$ 81.28 \$ 527.97

☐ Fund Raiser Contribution

Contribution # 2 PAC Receipt? ☐ Yes

Name & Address

Nathan Shannon
40256 Diane Drive
Sterling Heights, MI 48313

If over \$100.00 cumulative, please provide:

Occupation: Teacher

Employer Name & Address:

L'Anse Creuse School District
2400 FV Paulkew BLVD
Clinton Twp, MI 48036

☐ 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 Campaign Literature

5. Date Of Receipt:

6. Vendor Name & Address:

Sterling Printing & Graphics
33576 Mound Rd.
Sterling Heights, MI 48310

Click Here for Memo Itemization

\$ 221.58 \$

Contribution #3 PAC Receipt? ☐ Yes

Name & Address:

If over \$100.00 cumulative, please provide:

Occupation:

Employer Name & Address:

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

5. Date Of Receipt:

6. Vendor Name & Address:

Click Here for Memo Itemization

☐ Fund Raiser Contribution

Page Subtotal

302.86 749.53

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

302.86

Enter this total
on line 6 of Summary
Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 13904
2. Committee Name CTE Nathan Shannon

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Sterling Heights Police officers Assoc.</u> Address <u>P.O. Box 546</u> <u>Sterling Heights, MI 48078</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>excess contribution repayment</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11-13-13</u> Date	<u>\$ 500</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	_____
Expenditure #3 Name <u>C and G Newspaper</u> Address <u>13650 E 11 mile Rd</u> <u>Warren, MI 48089</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Advertisement</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-24-13</u> Date	<u>\$ 373.00</u>
Expenditure #4 Name <u>Adam Graphic Communications</u> Address <u>7850 Second St.</u> <u>Dexter, MI 48130</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Flyers/Mailing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-23-13</u> Date	<u>\$ 251.00</u>
Expenditure #5 Name <u>US Postmaster</u> Address _____ <input type="checkbox"/> Fund Raiser	Purpose: <u>Mailing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-23-13</u> Date	<u>\$ 1079.00</u>

Subtotal this page 2203.00
Grand Total of all Schedules 1B
(Complete on last page of Schedule) 2203.00

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

13904

2. Committee Name

CTE Nathan Shannon

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: <i>Nathan Shannon</i>	4. Type: <i>Loan</i> 5. <u>Date Debt Was Incurred:</u> <i>11-13-13</i> 6. <u>Original Amount of Debt:</u> \$ <i>500</i>	\$ \$ \$ \$ \$	\$ <i>0</i>	\$ <i>500</i> <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:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> _____ \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
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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
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If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Page Subtotal (Outstanding debt)

500.00

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

500.00

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.