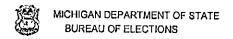


## COVER PAGE

## FOR OFFICIAL USE ONLY

COVER PAGE	12			
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement c	overs From: 2-11-13 to	10-20-13	
1. Committee I.D. Number	4. Candidate Last	Name First Name	M.I.	
139034	4a. Office Sought In	cluding District # or Community Serv	ed (If applicable)	
2. Committee Name			garage of the second	
CTE Nathan Shannon	4b. County of Resid	lence	琴。英	
5. Committee's Malling Address	6. Treasurer's Nam	ne & Residential Address		
40256 Diane Drive	İ		三 三	
Sterling Heights, MI 48313			-5 PM	
Area Code and Phone 586 - 840 -8533			TO THE STATE OF TH	
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			
7. Treasurer's Business Address	Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)			
40256 Dlane Dr.	1			
40256 Diane Dr. Sterling leights MI				
Area Code and Phone	Area Code and Ph	none		
9. TYPE OF STATEMENT				
	st-Election	9c. Annual Statement (	Coverage Year)	
Pre-Election or Post-Election Statement relates to:		9d. Amendment to Campaign St or 9e to indicate which State	atement (Complete Item 9a, 9b, 9c ment is being amended)	
Pre-Election of Post-Lection Statement resides to		ge. Dissolution of Candidate Co.	mmittee	
Primary Gc	eneral	Effective Date of	Dispolution	
Convention	chool	Enective Date of	Massignion	
Special Caucus		By checking this item, IWVe certify the	at the committee has no assets or	
Date of Election, Convention or Caucus		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 Walver.		
11-5-13		Note: The disposition of residual func 1B and the Summary Page.	ds must be reported on Schedule	
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 Walver 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 filling deadline of a required campaign statement, that campaign statement cannot be waived.				
10. Verification: IVWe certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of mylour knowledge and belief the contents are true, accurate and complete.				
Current Treasurer or Designated Record keeper Nathan Shannon Nathan Shannon Date 12-3-13				
Type or Print Name	Signature		<del></del>	
Candidate Nathan Shannon Nathan Shannon Date 12-3-13				
Type or Print Name	Signature		•	



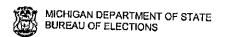
1. Committee I.D. Number \_

SUMMARY PAGE **CANDIDATE COMMITTEE** 

2. Committee Name \_\_\_

139034 CTE Nathan Shannon

RECEIPTS	Column I	Column II
3. Contributions	This Period	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 5125.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>5125</u> ,00	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ 446.69 (7.) \$ 446.69	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) s 446.69	(22.) \$
EXPENDITURES		
8. Expenditures	~~~ ·	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$3505,14	
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.) \$ <u>3505.14</u>	(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)	<i>,,,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$	(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
	BALANCE STATEMENT	1
13. Ending Balance of last report filed	(13.) \$	
(Enter zero if no previous reports have been filed.)  14. Amount received during reporting period  4. For the Contribution of the Populate.	(14.)+\$ 5125.00	
(Line 5, Total Contributions & Other Receipts)	(15.) = \$ <u>\$ 12.5.00</u>	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(16.)- \$ _ 3505_74	
(Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 1619.86 ·	



Page \_\_\_\_\_ of \_\_\_\_

## ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee 1. D. Number 139034

	Committee Name	Nathan Uhannon
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date 6. Amount
Expenditure #1		
Name		
Address	Purpose:	
3 y Monde iza.	ruipose.	
Si		Click Here for Memo Itemization Type
	Check box If this expenditure is pay	vment of
Fund Raiser 485/0	debt or obligation reported on previous statement	, man c
Expenditure #2	Statement	
Sterling Printing and Graphics		8-28-13
Add	Purpose: Campaign Litera	8-28-13 Date \$ 385.37
35776 Mound Road	Purpose: Carifraga Citera	Tare
Sterling Heights, MI		Click Here for Memo Itemization Type
Fund Raiser 4/83/10	Check box if this expenditure is pay	ment of
Expenditure #3	debt or obligation reported on previous statement	
Name .		
Adair brophic Communications		19-30-13 \$ 1,706,5
Address	Burney Literature Point	An Al Topata
7850 Second St.	Purpose: 277074 100	11/10/2003
Dexter, MI		Click Here for Memo Itemization Type
11.012	Check box if this expenditure is payr	ment of
Tulio Raiser	debt or obligation reported on previous statement	
Expenditure #4		
Name		6-72-13
Sawicki + Sons	110	8-22-13 \$ 601.53
_	Purpose: Yord Signs	Date
1521 W. Lafayette	•	
Detroit, MI	Towns and	Click Here for Memo Itemization Type
482/6	Check box if this expenditure is payn debt or obligation reported on previous	nent of
	statement	
xpenditure #5		
and G News papers		10-16-13
Address	Purposa: Neukpaper Ad.	10-16-13 s 373.00
C and G Newspapers address 3650 & 11 Mile Dd	without I will the Man	trate
Warren MI	□ <b>6</b>	Click Here for Memo Itemization Type
Fund Raiser 44089	Check box if this expenditure is paymedebt or obligation reported on previous	ent of
1	statement	
		Subtotal this page 3066.49
	Grand Total	of all Schedules 1B 35 05.14
	(Complete on las	r page of ochledule)   / // // / / /

Enter this total on line 8a of Summary Page



## ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 139034

CTE Nathan Shannon CANDIDATE COMMITTEE 2. Committee Name 3. Name and address of person or vendor to whom paid 4. Purpose (Required Information) Expenditure #1 10-14-13 s 418.70 Sawicki & Son Address Purpose: Vard Signs 1521 V. Lafayette Detroit, MI Click Here for Memo Itemization Type Fund Raiser 48216 Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #2 TCF Bank Purpose: Checking Account Fee 8202 Metro Pkuy Sterling Hights, MI Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser statement Expenditure #3 Name A Address Slick Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser Expenditure #4 Name Date Address Purpose: Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser statement Expenditure #5 Name Address Date Purpose: Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser statement Subtotal this page Grand Total of all Schedules 1B

(Complete on last page of Schedule) Enter this lotal on line 8a of Summary Page

Page \_\_\_\_\_ of \_\_\_\_