



**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.

3. This Statement covers From: 2-11-13 to 10-20-13

1. Committee I.D. Number
139034

2. Committee Name
CTE Nathan Shannon

4. Candidate Last Name _____ First Name _____ M.I. _____

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

4b. County of Residence

5. Committee's Mailing Address
40256 Diane Drive
Sterling Heights, MI
48313

Area Code and Phone 586-840-8533

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

Area Code & Phone _____

FILED
 13 DEC -5 PM 3:37
 CARROLL A. SABAGH
 CLERK
 HAPCOB COUNTY CLERK
 MT. CLEMENS, MICHIGAN

7. Treasurer's Business Address
40256 Diane Dr.
Sterling Heights, MI
48313

Area Code and Phone _____

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 School

Special Caucus

Date of Election, Convention or Caucus
11-5-13

9c. Annual Statement (_____ 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

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 Nathan Shannon Date 12-3-13
Type or Print Name Signature

Candidate Nathan Shannon Nathan Shannon Date 12-3-13
Type or Print Name Signature



1. Committee I.D. Number 139034
2. Committee Name CTE Nathan Shannon

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>5125.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
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>5125.00</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>446.69</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>446.69</u>	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>3505.14</u>	
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)	(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.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>0</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>5125.00</u>	
	(15.) = \$ <u>5125.00</u>	
15. SUBTOTAL Add lines 13 and 14		
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>3505.14</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>1619.86</u>	



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139034
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 Address 3900 MINNAP 12A. S... 48310 <input type="checkbox"/> Fund Raiser	Purpose: ... <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2 Name Address Sterling Printing and Graphics 35576 Mound Road Sterling Heights, MI 48310 <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign Literature</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-28-13</u> Date	<u>\$ 385.37</u>
Expenditure #3 Name Address Adair Graphic Communications 7850 Second St. Dexter, MI 48130 <input type="checkbox"/> Fund Raiser	Purpose: <u>Literature Printing/Mailing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-30-13</u> Date	<u>\$ 1,706.57</u>
Expenditure #4 Name Address Sawicki + Sons 1521 W. Lafayette Detroit, MI 48216 <input type="checkbox"/> Fund Raiser	Purpose: <u>Yard Signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-22-13</u> Date	<u>\$ 601.58</u>
Expenditure #5 Name Address C and G Newspapers 13650 E. 11 mile Rd Warren, MI 48089 <input type="checkbox"/> Fund Raiser	Purpose: <u>Newspaper Ad.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-16-13</u> Date	<u>\$ 373.00</u>

Subtotal this page 3066.49

Grand Total of all Schedules 1B
(Complete on last page of Schedule) 3505.14

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 139034
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>Sawicki & Son</u> Address <u>1521 W. Lafayette</u> <u>Detroit, MI</u> <u>48216</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Yard Signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-14-13</u> Date	<u>\$ 418.70</u>
Expenditure #2 Name <u>TCF Bank</u> Address <u>8202 Metro Pkwy</u> <u>Sterling Heights, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Checking Account Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-5-13</u> Date	<u>\$ 19.95</u>
Expenditure #3 Name <u>A</u> Address <u>2E</u> <u>48310</u> <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 #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	\$ _____
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	\$ _____
Subtotal this page			<u>438.65</u>
Grand Total of all Schedules 1B (Complete on last page of Schedule)			<u>3505.14</u>

Enter this total
on line 8a of
Summary Page