



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED

13 DEC 20 PM 3:04

CARMELLA SABAUGH
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: <u>10-20-13</u> to <u>11-25-13</u>	
1. Committee I.D. Number <u>13904</u>	4. Candidate Last Name <u>Shannon</u> First Name <u>Nathan</u> M.I. <u>B</u>
2. Committee Name <u>CTE Nathan Shannon</u>	4a. Office Sought Including District # or Community Served (If applicable) <u>Sterling Heights city council</u>
5. Committee's Mailing Address <u>40256 Diane Drive</u> <u>Sterling Heights, MI</u> <u>48313</u> Area Code and Phone <u>58-840-8533</u> 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.	4b. County of Residence <u>Macomb</u>
6. Treasurer's Name & Residential Address <u>40256 Diane Drive</u> <u>Sterling Heights, MI</u> <u>48313</u> Area Code & Phone <u>586-840-8533</u>	7. Designated Record keeper's Name and Mailing Address (If the Designated Record keeper) Area Code and Phone _____
7. Treasurer's Business Address <u>40256 Diane Dr.</u> <u>Sterling Heights, MI</u> <u>48313</u> Area Code and Phone <u>586-840-8533</u>	8. Designated Record keeper's Name and Mailing Address (If the Designated Record keeper) 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 <u>11-5-13</u>	
9c. <input type="checkbox"/> Annual Statement (_____ Coverage Year) 9d. <input checked="" 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 <u>Nathan Shannon</u> <u>Nathan Shannon</u> Date <u>12-11-13</u> Type or Print Name Signature	
Candidate <u>Nathan Shannon</u> <u>Nathan Shannon</u> Date <u>12-11-13</u> Type or Print Name Signature	



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.) \$ <u>581.28</u>	(18.) \$ _____
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	(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.) \$ <u>581.28</u>	(22.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 6)	(6.) \$ <u>221.58</u>	(23.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>221.58</u>	(24.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>-2203.00</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>2203.00</u>	
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.) \$ _____	
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ _____	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>500.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>1619.86</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>581.28</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>2201.14</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>2203.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>1.86</u>	



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

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

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>11-13-13</u> Name & Address: <u>Nathan Shannon</u> <u>40256 Diane Drive</u> <u>Sterling Heights, MI 48313</u>		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Teacher</u> Employer <u>L'Anse Creuse Public Schools</u> Click Here for Memo Itemization Business Address <u>2400 FV Pankow Blvd, Clinton Twp MI 48036</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>10-31-13</u> Name & Address: <u>Nathan Shannon</u> <u>40256 Diane Drive</u> <u>Sterling Heights, MI 48313</u>		\$ <u>81.28</u>	\$ <u>581.28</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			Click Here for Memo Itemization
3. Contribution # 3 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			Click Here for Memo Itemization
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			Click Here for Memo Itemization

Page Subtotal 581.28

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

581.28

Enter this total on
line 3a of Summary
Page.



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)
Contribution # 1 Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description: 5. Date Of Receipt: 6. Vendor Name & Address:	\$	
<input type="checkbox"/> Fund Raiser Contribution			
Contribution # 2 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 Fu Parkway BLVD Clinton Twp, MI 48036	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description: Campaign Literature 5. Date Of Receipt: 11-1-13 6. Vendor Name & Address: Sterling Printing & Graphics 35576 Mound Rd. Sterling Heights, MI 48310	\$ 221.58	\$ 668.27
<input type="checkbox"/> Fund Raiser Contribution			
Contribution #3 Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description: 5. Date Of Receipt: 6. Vendor Name & Address:	\$	
<input type="checkbox"/> Fund Raiser Contribution			

Page Subtotal

221.58 - 668.27

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

221.58

Enter this total
on line 6 of Summary
Page