



ORIGINAL OR AMENDED
STATEMENT OF ORGANIZATION FORM FOR CANDIDATE COMMITTEES

1. Committee ID #: 13904	*2. Type of Filing: <input type="checkbox"/> Original: <input checked="" type="checkbox"/> Amendment to items: 10	Eff. Date: 7-22-14
*3. Full Name of Committee (must include Candidate's first and last name): CTE Nathan Shannon		
*4a. Candidate Full Name: Last Name Shannon		First Name Nathan
		M.I. B
*4b. Political Party (if applicable):		*4c. County of Residence: Macomb
*4d. Office Sought: Sterling Heights City Council		
*4e. District/Circuit # or Jurisdiction:		
*5. Date Committee was Formed:		
*6a. Committee Phone: 586-840-8533		6b. Committee Fax #:
6c. Committee Email Address: nateshannon72@gmail.com		6d. Committee Website Address:
*7a. Complete Committee Mailing Address (May be PO Box): 40256 Diane Drive Sterling Heights, 48313		
*7b. Complete Committee Street Address (May not be PO Box):		
*8. Treasurer Name and Complete Address: Nathan Shannon Phone #: 586-840-8533		
		Email Address:
9. Designated Record Keeper Name and Complete Address: Nathan Shannon Phone #: 586-840-8533		
		Email Address:
*10. REPORTING WAIVER REQUEST: <input checked="" type="checkbox"/> YES, I/We WANT TO APPLY FOR THE REPORTING WAIVER. The committee does not expect to receive or expend in excess of \$1,000 in an <u>election</u> . I/We understand that if the committee does not spend or received in excess of \$1,000 in an <u>election</u> , the committee does not owe Pre, Post, Quarterly and Annual Campaign Statements. I/We further understand that the Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold and all required campaign statements must be filed. <u>A Reporting Waiver does not exempt a committee from filing Late Contribution Reports.</u> <input type="checkbox"/> NO, I/We DO NOT WANT TO APPLY FOR THE REPORTING WAIVER. The committee expects to receive or expend in excess of \$1,000 in an <u>election</u> . I/We understand that the committee owes Pre, Post, Quarterly and Annual Campaign Statements even if the committee does not spend or receive in excess of \$1,000 in an <u>election</u> . I further understand that the Reporting Waiver cannot be requested retroactively to avoid filing requirements and to avoid paying late filing fees. Further information regarding Reporting Waivers can be found in <u>Appendix C</u> of the Committee Manual.		
*11. Name and Address of Depositories or Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loan Association) While this item must be completed, an account does not have to be opened until the first contribution is received. *Official Depository (name and address): Secondary Depository (name and address):		
12. This item applies only to Gubernatorial Candidate Committees: Check if this committee intends to seek qualifying contributions or make qualifying expenditures.		
13. ELECTRONIC FILING: This item applies to committees that file with the Michigan Department of State Bureau of Elections only and does not apply to Candidate Committees that file with the County Clerk's office. <input type="checkbox"/> Committee spent or received or expects to spend or receive in excess of \$5,000 and is required to file electronically. <input type="checkbox"/> Committee did not spend or receive or does not expect to spend or receive in excess of \$5,000 and would like to file electronically voluntarily. Further information regarding Electronic Filing can be found in <u>Appendix D</u> of the Committee Manual.		
14. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or belief. If filing electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and completeness of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Name and Date)		
*Candidate: Nathan Shannon		Date: 7-22-14
*Current Treasurer: Nathan Shannon		Date: 7-22-14
Designated Record Keeper (Required only if filing electronically)		Date:

FILED
14 JUL 22 PM 4:02
CARMELLA SAE AUGH
MACOMB COUNTY CLERK
HT. CLEMENS, MICHIGAN