



Michigan Department of State
Bureau of Elections

**CAMPAIGN FINANCE
NOTICE OF ERROR OR OMISSION**

MACOMB COUNTY

ID # 139034

Date 12/04/2015

CTE NATHAN SHANNON
40256 DIANE DR
STERLING HGTS, MI 48313

Please be advised that one or more apparent errors or omissions were found in a review of the following statement filed by your committee:

Post-General - 11/03/15 Election

Statement

A description of the apparent error(s) or omission(s) is attached. Please review the description and make the necessary corrections in an amendment to the above Statement. The amendment to the Statement is due in this office no later than December 18, 2015. (See office address listed below.)

If we do not receive a response to this notice by the above due date, MCL 169.216(8) requires this office to refer the matter to the Prosecuting Attorney.

If you have questions, contact us immediately.

Sincerely,

**CARMELLA SABAUGH, COUNTY CLERK / REGISTER OF DEEDS
40 NORTH MAIN
MT. CLEMENS, MI 48043**

Cover Page:

The coverage period for your statement (Item #3) should be 10/19/15 to 11/23/15.

Summary Page:

Line 13 should report \$5,521.72 instead of \$5,519.86; based on your Pre-General amendment.

When added together, the contributions listed on Schedule 1A total \$2,500.00 instead of \$3,250.00 as reported on Line 14. Lines 15 & 17 will also be affected. Please clarify.

Schedule 1-IK - Itemized In-Kind Contributions:

Please check the appropriate box under Item #4 to indicate the Type of In-Kind Contribution. If a loan, Schedule 1E should also be submitted and the amount reported on Line 12a of the Summary Page. Please clarify.

Please amend your statement accordingly and forward to us by December 18, 2015.

WHEN FILING AN AMENDED CAMPAIGN STATEMENT, PLEASE INCLUDE A COMPLETED COVER PAGE, INDICATING THAT THE CAMPAIGN STATEMENT IS BEING AMENDED, WITH APPROPRIATE SIGNATURE(S). ONLY THOSE PAGES BEING AMENDED NEED TO BE SUBMITTED WITH THE COVER PAGE.

AMENDMENTS MAY BE FAXED TO US AT (586) 469-6927. **IMPORTANT:** CALL (586) 469-5209 TO CONFIRM RECEIPT OF FAX.