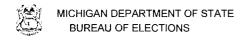
CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and co	signed by andidate.	3. This Statement cov	ers From	11-24	-15	to €	5	7-3	٠ - ا	16
1. Committee I.D. Number		4. Candidate Last N	ame		First I	Name			M.I.	
139034		Shannon			athan			В		
2. Committee Name		4a. Office Sought Including District # or Community Served (If applicable) Sterling Heights City Council								
CTE Nathan Shannon		4b. County of Resider	ice MAC	OMB		***	MACO	16		
5. Committee's Mailing Address 40256 Diane Dr Sterling Heights, MI 48313 Area Code and Phone (248) 506-4950 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 Same Area Code & Phone			JUL 25 PH 2: 33	FILED				
7. Treasurer's Business Address		B. Designated Record k Designated Record k		s Name and	Mailing /	Address	(If the com	mittee ha	as a	
Area Code and Phone		Area Code and Phon	e					.		
9. TYPE OF STATEMENT				9e. Disso	lution of	Candid	ate Commi	ttee		
9a. Pre-Election OR 9b. Post-Election Pre-Election or Post-Election Statement relates to: Primary				By checking this item I/We certify any ou by the committee to the candidate or his or he by discharged and forgiven, and no longer co the committee. The committee has no oustar owes no lates fees or has any oustanding deb				or her ger colle oustand	spouse ctible fr	is here om
General Convention	October C	Quarterly		Further, if t considered	he dissole l a reques	ution car at for the	nnot be gran Reporting \	nted, tha Naiver.	t this be)
Special School		al Statement (Coverage \			Effective (date of d	lissolution			
☐ Caucus	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)		9e to	Note: The Schedule			idual funds nary Page.	must be	reporte	d on
Date of Election, Convention or Caucus 11-3-15										
10. Verification: I\We certify that all reasonable dilig	ence was used	in the preparation of the	is stateme	ent and atta	ched sch	edules (if any) and	to the be	est of	
Current Treasurer or Designated Record keeper Type or Print Name		Signature Mathr	~5	ham		– Date	7-:	25-10	<u></u>	-
Candidate Nathan Shannon		. •	~5	Nan	_	_ Date	7-	25-1	6	_
Type or Print Name)	Signature								

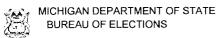


1. Committee I.D. Number 139034

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name CTE Nathan Shannon

CARDIDATE COMMITTEE		T
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions	4 500 00	
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 1,500.00	
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.) \$	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$236.28	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	
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.) \$ _\$1,736.28	(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)		
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.) \$	
- 1-3-HF-07-	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ \$54.12	
(Enter zero if no previous reports have been filed.)	(14.) + \$ \$1,736.28	
 Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 		
15. SUBTOTAL Add lines 13 and 14	(15.) = \$_\$1,790.40	
 Amount expended during reporting period (Add lines 9 and 11) 	(16.) - \$ \$1,736.28	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ \$54.12	*



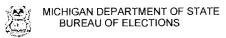
ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 139034

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?	✓ YES	4. Date of Re	eceipt	12/03/15		
Name & Address: The Mitten Fund 971 Dressler Ln Rochester Hills, N	/II 48307	. 				_{\$} 1500.00	_{\$} 9000.00
5. If over \$100.00 cumul	ative, please prov	vide:				Click Horo fo	or Memo Itemization
Occupation		_ Employer_				Click Here it	or Memo itemization
Business Address							
Type of Contribution:	Direct	Loan from	n a person		Fund Raiser		
3. Contribution #2	PAC Receipt?	YES	4. Date of Re	eceipt			
Name & Address	_			•			
						\$	\$
5. If over \$100.00 cumul	ative, please prov	vide:				Click Here fo	r Memo Itemization
Occupation		Employer					
Business Address	···						
Type of Contribution:	Direct [Loan from	a person		Fund Raiser		
Contribution # 3 Name & Address:	PAC Receipt?	YES	4. Date of F	Receipt			
						\$	\$
							·
5. If over \$100.00 cumul	ative, please pro	vide:				Click Here for	r Memo Itemization
Occupation		Employer_					
Business Address							
Type of Contribution:	Direct	Loan fron	n a person		Fund Raiser		
3. Contribution # 4	PAC Receipt?	YES	4. Date of	Receip	t		
Name & Address							•
						\$	\$
5. If over \$100.00 cumu	lative, please pro	vide:				Click Here fo	r Memo Itemization
Occupation		_ Employ	er				
Business Address							
Type of Contribution:	Direct	Loan fror	n a person	П	Fund Raiser		
-	,				Page Subtotal	\$1,500.00	
					nd Total of All Schedules 1A	\$1,500.00	
			(C	omple	te on last page of Schedule)	Enter this total on	_1
Page of						line 3a of Summary Page.	1



Page _____ of ____

ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK

1. Committee I. D. Number 139034

CANDID	ATE C	MMO:	ITTEE
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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 PAC Receipt? Yes Name & Address: Nathan Shannon 40256 Diane Dr Sterling Heights, MI 48313 If over \$100.00 cumulative, please provide: Occupation:	4.	236.28 _{\$}	836.91
Employer Name & Business Address: L'Anse Creuse School District 24001 Pankow BLVD Clinton Twp. MI 48036 Fund Raiser Contribution	6. Vendor Name & Address:	k Here for Memo Ite	emization
Contribution # 2 PAC Receipt? Yes Name & Address	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN	\$	
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Description 5. Date Of Receipt: 6. Vendor Name & Address:	ck Here for Memo Ite	emization
Fund Raiser Contribution			
Contribution #3 PAC Receipt? Yes Name & Address:	4.	\$_	
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Description 5. Date Of Receipt: 6. Vendor Name & Address:	ck Here for Memo It	emization
Fund Raiser Contribution		·	
	Page Subtotal	\$236.28	\$836.91
	Grand Total of all Schedules 1-lK (Complete on last page of Schedule)	1 n 2 nn 2 n 1	
		Enter this total	mas./

on line 6 of Summary Page



ITEMIZED EXPENDITURES **SCHEDULE 1B CANDIDATE COMMITTEE**

139034 1. Committee I. D. Number

2. Committee Name CTE Nathan Shannon

2.00	Diffillitiee Name		
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1		2-3-15	_
Name Nightowl Printing	_		s 1736.28
ragnom r mang	Printing	Date	1700.20
Address	Purpose: Printing		
15138 Beech Daly	Click H	lere for Memo I	temization Type
Redford, MI 448239	<u></u>		
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		V
Expenditure #2			
Name			•
		Date	\$
Address	Purpose:	Duic	
·	0%-1-11	loro for Many - 1	tomization Tuno
	Click	iere ioi Memo i	temization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #3	statement		
Name			\$
Address	Durages	Date	
Address	Purpose:		
	Click H	lere for Memo l	temization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #4			
Name			C
		Date	\$
Address	Purpose:		
	Click	lere for Memo	temization Type
		.c.o ioi Monio	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name			
			\$
Address	Purpose:	Date	
	Click I	Here for Memo	Itemization Type
	Check box if this expenditure is payment of	.CIG TOT INICITIO	
	debt or obligation reported on previous		
Fund Raiser	statement		
	Subto	otal this page	\$1,736.28

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

\$1,736.28

Enter this total on line 8a of Summary Page

Page of	
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