



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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: 7-18-16 to 8-23-16

1. Committee I.D. Number

68946-50

4. Candidate Last Name

CANNON

First Name

ROBERT

M.I.

J.

2. Committee Name

C.T.E. ROBERT J. CANNON

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

SUPERVISOR - CLINTON TOWNSHIP

4b. County of Residence

MACOMB

5. Committee's Mailing Address

17217 CANVASBACK
CLINTON TWP., MI
48038

Area Code and Phone

586 846 3343

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

CHERYL CANNON
17217 CANVASBACK
CLINTON TWP., MI 48038

Area Code & Phone

586 846 3343

7. Treasurer's Business Address

SAME

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

N/A

Area Code and Phone

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

☐ Special

☐ School

☐ Caucus

Date of Election, Convention or Caucus

Required ONLY if candidate is not on the ballot for the current year:

☐ July Quarterly

☐ October Quarterly

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

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

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 CHERYL CANNON
Type or Print Name

Signature

Cheryl Cannon

Date 8-23-16

Candidate

ROBERT J. CANNON

Type or Print Name

Signature

Robert J. Cannon

Date 8-23-16



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

SUMMARY PAGE
CANDIDATE COMMITTEE

1. Committee I.D. Number

68946-50

2. Committee Name

CT-E. Robert F. Cannon

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 8,200.	(18.) \$ 55,725
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	(19.) \$ 0
c. Subtotal of "Contributions"	(3c.) \$ 8,200.	(20.) \$
4. Other Receipts (Schedule 1A -1. Column 6)	(4.) \$ 0	
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 8,200.	
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$ 150.	(21.) \$ 3,000
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ 0	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 380.	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ 0	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ 0	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 380	(23.) \$ 37,246.10
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ 0	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ 0	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ 0	(24.) \$ 0
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ 0	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ 0	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ 115,769.54	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) \$ 8,200.	
15. SUBTOTAL Add lines 13 and 14	(15.) \$ 123,969.54	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) \$ 380. -	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 123,589.54	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

68946-50

2. Committee Name

C.T.E. ROBERT F. CAWEN

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 all contributions from committees 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 Name: SHERRY SORRONTINO Address: 14633 BREZA 5. If over \$100.00 cumulative, please provide: Occupation: HOUSEWIFE Employer: Business Address: Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	4. Date of Receipt: 7-17-16	\$250.	\$650.
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES Name: JOE SORRONTINO Address: 19682 WEST CHESTER CLINTON TWP., MI 5. If over \$100.00 cumulative, please provide: Occupation: REAL ESTATE SALESMAN Employer: ANTON, SORRONTINO Business Address: 75 MACOMB PLACE MT. CLEMENS, MI Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	4. Date of Receipt: 7-17-16	\$250	\$250
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES Name: VIOCE CRISTIANI Address: 37135 WOODPOINTE DR. CLINTON TWP., MI 5. If over \$100.00 cumulative, please provide: Occupation: DEVEDRED Employer: SELF Business Address: 37135 WOODPOINTE CLINTON TWP., MI Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	4. Date of Receipt: 7-17-16	250.	450.
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES Name: BOB KIRK Address: 37539 HIDDEN VALLEY CT. CLINTON TWP., MI 5. If over \$100.00 cumulative, please provide: Occupation: ATTORNEY Employer: SELF Business Address: 19500 HALL RD CLINTON TWP., MI Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	4. Date of Receipt: 7-17-16	\$250.	\$1,050
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		\$1,000	

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
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ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

68946-50

2. Committee Name

C.T.E. ROBERT F. CANNON

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 all contributions from committees 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>7-17-16</u> Name: <u>CATHERINE KIRK</u> Address: <u>37539 HIDDEN VALLEY CT. CLINTON TWP. MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>HOUSEWIFE</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ 250.	\$ 250.
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-17-16</u> Name: <u>GORDON WILSON</u> Address: <u>44572 COMPASS PT. CHESTERFIELD TWP., MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>ANDERSON ECLSTEIN</u> Business Address <u>51301 SCOTCH HERR SHERBY TWP., MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ 250.	\$ 500.
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-17-16</u> Name: <u>ROD ROBINSON</u> Address: <u>39801 MORAVIAN CLINTON TWP., MI</u> 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 checked="" type="checkbox"/> Fund Raiser		\$ 50.	50
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-18-16</u> Name: <u>TONY RYDE</u> Address: <u>39847 COALPORT CLINTON TWP., MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>TOWING</u> Employer <u>SELF</u> Business Address <u>16933 CANAL CLINTON TWP., MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		250.	1150.
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		800	

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1. Committee I.D. Number

68946-50

2. Committee Name

C.T.E. ROBERT F. CANNON

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 all contributions from committees 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>7-20-16</u> Name: <u>NAOCH V33282</u> Address: <u>20445 ST. LAURENCE CLINTON TWP., MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>INTERIORS</u> Employer <u>SELF</u> Business Address <u>42100 GARFIELD CLINTON TWP., MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		500.	500
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-12-16</u> Name: <u>CAROL OLIVIO</u> Address: <u>580 EL CAMINO REAL UNIT 3401 NAPLES, FLA</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>CAR WASH</u> Employer <u>SELF</u> Business Address <u>41200 GARFIELD CLINTON TWP., MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		500.	500.
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-20-16</u> Name: <u>VINCE VITKE</u> Address: <u>41790 GARFIELD CLINTON TWP., MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>FRUIT MARKET</u> Employer <u>SELF</u> Business Address <u>41790 GARFIELD CLINTON TWP., MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		250.	250.
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-21-16</u> Name: <u>SONNY PANDAZZO</u> Address: <u>37180 WILLOW LN. CLINTON TWP., MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>FRUIT MARKET</u> Employer <u>SELF</u> Business Address <u>36800 GARFIELD CLINTON TWP., MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		250.	250
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		1,500.	

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CANDIDATE COMMITTEE

1. Committee I.D. Number

68946-50

2. Committee Name

C.T.E. ROBERT F. CANNON

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 all contributions from committees 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>7-28-16</u> Name: <u>LYNNE HUISMAN</u> Address: <u>5401 HURON HILLS, COMMORCE TWP., MI</u> 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 checked="" type="checkbox"/> Fund Raiser		100.	100.
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-28-16</u> Name: <u>YUSUKE KURAMOCI</u> Address: <u>17321 VICTOR CT. NORTHVILLE, MI</u> 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 checked="" type="checkbox"/> Fund Raiser		100.	100.
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-28-16</u> Name: <u>CHRIS MCCOY</u> Address: <u>9034 WOODLORE, PLYMOUTH, MI</u> 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 checked="" type="checkbox"/> Fund Raiser		100.	100.
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-28-16</u> Name: <u>BRADY NITCHMAN</u> Address: <u>360 E. SOUTH WATER ST. APT. 3111 CHICAGO, ILL.</u> 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 checked="" type="checkbox"/> Fund Raiser		100.	100.
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		400	

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CANDIDATE COMMITTEE

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68946-50

2. Committee Name

C.T.E. ROBERT F. CANNON

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3. Contribution #1 Name: DEAN ROCHELLEAU Address: 5893 INDEPENDENCE LN. WEST BLOOMFIELD, MI 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 checked="" type="checkbox"/> Fund Raiser	4. Date of Receipt 7-28-16 100.	100.	
3. Contribution #2 Name: JIM DELIZ Address: 44084 RIVERGATE CLINTON TWP., MI 5. If over \$100.00 cumulative, please provide: Occupation MADAGOR Employer TENEBAO Business Address 35155 AUTOMATIC CLINTON TWP., MI Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	4. Date of Receipt 8-4-16 300.	300.	
3. Contribution #3 Name: CHUCK TOWNER Address: 39757 BYLOR CLINTON TWP., MI 5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer SELF Business Address 38770 GARFIELD CLINTON TWP., MI Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	4. Date of Receipt 8-4-16 250.	500.	
3. Contribution #4 Name: JESSE BERGER Address: 26351 25 MILE CHESTERFIELD, MI 5. If over \$100.00 cumulative, please provide: Occupation BUSINESS OWNER Employer SELF Business Address 3031 WYOMING DEARBORN, MI Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	4. Date of Receipt 8-4-16 250	550.	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		900	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

68946-50

2. Committee Name

C.T.E. ROBERT F. CANNON

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 all contributions from committees 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>8-4-16</u> Name: <u>VINCE MANZOLCA</u> Address: <u>18751 WIGDON CANTON TWP., MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>39999 GARFIELD</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		250.	250.
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8-4-16</u> Name: <u>CHUCK RILEY</u> Address: <u>1211 ORCHARD RD 68 Broomfield, Hills, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>CAR DRIVER</u> Employer <u>SELF</u> Business Address <u>21560 HMC Rd CANTON TWP., MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		500.	500.
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8-4-16</u> Name: <u>VINNY SAENOY</u> Address: <u>32890 HAMPTON, WARREN, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ESTIMATOR</u> Employer <u>D.V.M.</u> Business Address <u>6045 SIND STERLING HILLS, MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		250.	250.
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8-4-16</u> Name: <u>GEORGE CURS</u> Address: <u>37362 FIORE TR CANTON TWP., MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>RESTAURANT</u> Employer <u>SELF</u> Business Address <u>99 N GROSSBECK MT PLEASANT, MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		250.	250.
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		1,250.	

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MICHIGAN DEPARTMENT OF STATE
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CANDIDATE COMMITTEE

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C.T.E. ROBERT F. CARROLL

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3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8-2-16</u> Name: <u>MARK SMOLINSKI</u> Address: <u>3773 DARLINGTON BLOOMFIELD HILLS, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>CONSULTING GROUP</u> Business Address <u>1866 WOODLEE TROY, MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				250.	250.
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8-1-16</u> Name: <u>JOE LOMBARDI</u> Address: <u>39189 MUFFATT HARRISON TWP., MI</u> 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 checked="" type="checkbox"/> Fund Raiser				100.	100.
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8-4-16</u> Name: <u>PETE THOMAS</u> Address: <u>5018 SEVEN LAKES WASHINGTON, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>RETAIL BUS.</u> Employer <u>SELF</u> Business Address <u>35943 S. GRATIOT CLINTON TWP., MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				500.	500.
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8-11-16</u> Name: <u>STEVE SAPP</u> Address: <u>44 MACOMB PLACE MT. CLEMENS, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>INSURANCE</u> Employer <u>SELF</u> Business Address <u>68 CLINTON PLACE MT. CLEMENS, MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				250.	1,050.
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)				1,100.	

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3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8-3-16</u> Name: <u>JOHN BURKARD</u> Address: <u>719 APPLE HILL LN ROCHESTER HILLS, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>MANUFACTURING</u> Employer <u>SELF</u> Business Address <u>35300 KELLY ROAD CLEVELAND, OH, MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		250.	250
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8-4-16</u> Name: <u>SCOTT CLEIN</u> Address: <u>1556 YOSEMITE, BIRMINGHAM, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>GIFFLES-WEBSTER</u> Business Address <u>63003 26 MILE WASHINGTON TWP., MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		250.	250
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8-4-16</u> Name: <u>KAREN RIDGEMAN</u> Address: <u>44 CRAWFORD LN GROSSE POINTE, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>APPLIED SCIENCE</u> Business Address <u>63003 26 MILE WASHINGTON TWP., MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		250.	250
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8-4-16</u> Name: <u>STEVEN SILKHA</u> Address: <u>53481 AZALEA DR. MACOMB, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>GIFFLES-WEBSTER</u> Business Address <u>63003 26 MILE WASHINGTON TWP., MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		250.	250
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C.T.E. ROBERT F. CANNON

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 all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8-3-16</u></p> <p>Name: <u>DAVID MILLER</u></p> <p>Address: <u>1919 HATFIELD WOODS HOWELL, MI</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>CEO</u> Employer <u>MEDSTAR</u></p> <p>Business Address <u>380 N. GRATIOT CANTON TWP., MI</u></p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		250.	350
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>			
<p>3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>			
<p>3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>			
Page Subtotal		250.	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		8200.	

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK
CANDIDATE COMMITTEE

1. Committee I. D. Number 68946-50
2. Committee Name C.T.E. ROBERT J. CANNON

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? <input type="checkbox"/> Yes Name <u>MIKE SERRA</u> Address: <u>19694 WESTCHESTER</u> <u>CLINTON TWP., MI</u> If over \$100.00 cumulative, please provide: Occupation: Employer: <u>SELF</u> Business Address: <u>19694 WESTCHESTER</u> <u>CLINTON TWP., MI</u> <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" 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 <u>VACAT + WANTS TAFE</u> 5. Date Of Receipt: <u>8-4-16</u> 6. Vendor Name & Address: <u>MIKE SERRA</u> <u>19694 WESTCHESTER</u> <u>CLINTON TWP., MI</u>	<u>\$150</u>	<u>\$150.</u>
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name Address: If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	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:		
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name Address: If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	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:		

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

Enter this total
on line 6 of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 68946-50
2. Committee Name C.T.E. ROBERT J. CANNON

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>SELFID BE BASE COUNCIL</u> Address <u>P.O. Box 450064</u> <u>SAN &</u> <u>HARRISON TWP. 1 MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>MEMBERSHIP</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-17-12</u> Date	<u>\$ 150.</u>
Expenditure #2 Name <u>CLINTONDALE SCHOOLS</u> Address <u>35100 LITTLE MACK</u> <u>CLINTON TWP. 1 MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>DONATION</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-1-16</u> Date	<u>\$ 100.</u>
Expenditure #3 Name <u>ST166150065</u> Address <u>P.O. Box 137</u> <u>HOWELL, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>DONATION</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-18-16</u> Date	<u>\$ 100.</u>
Expenditure #4 Name <u>L12 VD602</u> Address <u>40700 ROMEO PLANK</u> <u>CLINTON TWP. 1 MI</u> <input type="checkbox"/> Fund Raiser	<u>MACRO REFRESHMENTS</u> Purpose: <u>EDUCATION</u> <u>REIMBURSEMENT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-20-16</u> Date	<u>\$ 30.00</u>
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	<u>\$</u> _____

Sum of this page 380.

Grand Total of all Schedules 1B
Complete on last page of Schedules 380.

Enter this total
on last page of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number

68946-50

2. Committee Name

C.T.E.

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held

8 4 16
Month Day Year

4. Number of Individuals Attending
or Participating (whichever is
greater)

65

5. Type of Fund Raising Activity

POOLSIDE
Food + Party
BEVERAGES

6. Address and Name (If any) of the
place where the activity was held

19694 WESTCHESTER
CLINTON TWP., MI
☒ Private Residence

7. Total Contributions

\$ 8,200

8. Other Receipts

0

9. Gross Receipts (Add lines 7 and 8)

8,200

10. Total Cost of Event

(Total Cost includes In-Kind Contributions
and All Expenditures Made For the Event)

\$ 150.

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)

Contribution Split
(%)

Expenditure Split
(%)

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-1K), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.