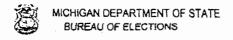
CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

COVER PAGE		
Report must be legible, typed or printed in ink and signed the treasurer (or designated record keeper) and candidate	3. This Statement covers From	m: 1-18-16 to 8-22-16
Committee I.D. Number	4. Candidate Last Name	
68946-50	CANNON	First Name M.I.
2. Committee Name	4a. Office Sought Including D	istrict # or Community Served (If applicable) CONTON TOWNSHY
C.T.E. ROBERT J. CANNON	SOIDAVISOR	or construction of the second of
	4b. County of Residence	nacoms
5. Committee's Mailing Address	6. Treasurer's Name & Resid	ential Address
Area Code and Phone 586 846 3343	CHERYL	CANON
CUNTON TENT. MI	17217	CANVASSACE TWO., MI 48038
9000	Canada	Twl mt 48038
Area Code and Phone 586 846 3343		70.00
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may		Cu Cul 22/12
be sent to this address by the filing official.	Area Code & Phone	86 846 3343
7. Treasurer's Business Address	Designated Record keeper Designated Record keeper)	r's Name and Mailing Address (If the committee has a
CA .00%		••
SAME	N/	Λ
	~//	4
· .		
Area Code and Phone	Assa Onda and Phase	
Area Code and Phone	Area Code and Phone	9e. Dissolution of Candidate Committee
9. TYPE OF STATEMENT	red ONLY if candidate	se. Dissolution of Candidate Committee
	on the ballot for the	By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here
Pre-Election or Post-Election Statement relates to:		by discharged and forgiven, and no longer collectible from the committee. The committee has no oustanding assets,
Primary	Quarterly	owes no lates fees or has any oustanding debt.
General	ober Quarterly	Further, if the dissolution cannot be granted, that this be
Convention		considered a request for the Reporting Waiver.
Special 9c.		
School	Annual Statement () Coverage Year	Effective date of dissolution
Caucus 9d.	Amendment to Campaign Statement	
L_Joanses	(Complete Item 9a, 9b, 9c or 9e to	Note: The disposition of residual funds must be reported on
l i	indicate which Statement is being amended.)	Schedule 1B and the Summary Page.
Date of Election, Convention or Caucus	······································	
-		
10 Vaife-sties IVA/	and in the presention of this statement	and ottopled askedulas (if any) and to the boot of
10. Verification: I\We certify that all reasonable diligence was my\our knowledge and belief the contents are true, accurate		ent and attached schedules (it any) and to the pest of
Current Treasurer or CHELI Cash Ins	Chan C	ana 2 19 11
Designated Record keeper CHEYL CANDON Type or Print Name	Signature	Date 8-83-11
sype of Francisaine		
Candidate ROBERT J. CANDON	/ Latte	Date 8-23-16
Type or Print Name	Signature	



SUMMARY PAGE

1. Committee I.D. Number <u>68946-50</u>
2. Committee Name <u>CT-E-</u> 20802 F. CANNO

CANDIDATE COMMITTEE		
RECEIPTS	Column 1 This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a) s	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) S NOT APPLICABLE	. —
c. Subtotal of "Contributions"	(3c) s 8,200.	(18)5 55,725
4. Other Receipts (Schedule 1A -1. Column 6)	(4.) S	(19)5
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) s 8,200.	@is
IN-KIND CONTRIBUTIONS & EXPENDITURES	6	
6. In-Kind Contributions (Schedule 1-iK. Column 7)	(6.) s \$ 150.	2:358, 000
7. In-Kind Expenditures (Schedule 18-(K, Column 6)	(7) \$	(22)\$
EXPENDITURES		Section Control
8. Expenditures		
a. Itemized (Schedule 1B. Column 5)	(8a) \$ <u>380.</u>	
b. Itemized Get-Out-the-Vote (Schedule 18-5)	(SE) S	New Prince
c. Uniternized (less than \$50.01 each - no Schedule)	(8c) \$	372 241 10
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	s) s 380	21. 37,246,10
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		delining production of the control o
Disbursements a. Itemized (Schedule 1C, Column 6)	(162)5	gyr et e. de
b. Uniternized (less than \$50.01 each - no Schedule)	(10c) S	Property de
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(51.) S	-0
DEBTS AND OBLIGATIONS 12. Debts and Obligations		96 V 15
a. Owed by the Committee (Schedule 1E)	(122.)\$	eriop plane, partie
b. Owed to the Committee (Schedule 1E)	(120.) \$	Constant of the Constant of th
	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13) s 1/5, 769.54	
(Enter zero if no previous reports have been filed.)		
14. Amount received during reporting period	SE-5 8, 200.	
(Line 5, Total Contributions & Other Receipts.	15 = \$ 123,969.54	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period		
(Add lines 9 and 11)	380	
17. ENDING BALANCE	123 589 54	•
(Subtract line 16 from line 15:	(17) 5 122, 38134	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Nu	mber <u>68°</u>	146-50	
2. Committee Name	CT.E.	PORERT	I. CADIA

CANDIDATE COMMITTEE		
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? YES 4. Date of Receipt 7-17-16 Name: SHOPPY SUPPONTING		
Address: 14633 BREZA	\$ 250.	650
5. If over \$100.00 cumulative, please provide:	230.	630
Occupation Housewife Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7-17-16 Name: Foc Sowof& 1		
Address: 19682 WEST CHESTER CLINTON TWO, MI		1
5. If over \$100.00 cumulative, please provide:	\$ 250	1250
Occupation Rom ESTATE SALEmployer ANTON, Sources		
Business Address 75 MAComb PLACE MT. CLCMOS, MT. Type of Contribution: Direct Loan from a person Fund Raiser	Anglina artis e de la companya de la	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7-17-16 Name: VIDCE CRISIONANI		
Address: 37135 WOODPOINTE DZ. CUNTED TEUP., MI		
5. If over \$100.00 cumulative, please provide:	250.	450.
Occupation DEVERGED Employer SEZF		1.9
Business Address 37/35 WOOD POINTE CUINTEN TUP, MIT Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7-17-16 Name: Bob KIRK		
Address: 37539 HIDDEN VALLEY CT. CUNTON TOUR., MI	\$	t
5. If Over \$100.00 Cumulative, please provide.	ASO.	\$1050
Occupation ATT SET Employer 502F		,
Business Address 19500 HARL PS CLINTEN TWP., MT Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$1,000	
(Complete on the page of contractor)		
	L	I

Enter this total on line 3 of Summary Page.

Page _____of __9



ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Nu	mber 68°	146-50	
		_	J. CADNO

CANDIDATE COMMITTEE		
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? YES 4. Date of Receipt 7-17-16 Name: CATHORING KIRK Address: 37539 HDDON VALUET CT. CLINTON TWO.	\$	
MI	3 250,	\$250,
	0000	0001
Occupation #65001 fe Employer		
Business Address		
Type of Contribution: Direct Loan from a person X Fund Raiser		
3. Contribution #2 PAC Receipt? □ YES 4. Date of Receipt <u>7-17-16</u> Name: Goff から いいろう		
Address: 49572 Com 2055 PT. CHES TORFIELD TUP.,	\$	
5. If over \$100.00 cumulative, please provide:	250.	\$550
Occupation EV6; NEER Employer ANDERSON ECCISION	J	230
Business Address 5/30 Scoto HERE SHOOLY PUF, m I Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7-17-/C		
Address: 39801 MORAVIAN CLINTON TOUP., MI	\$ 50.	
5. If over \$100.00 cumulative, please provide:	20.	5a
OccupationEmployer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7-18-16 Name: Top 4 247E		
Address: 39847 COAL PORT CLINTON TUP., MI	9 —	
5. If over \$100.00 cumulative, please provide:	250.	1150.
Occupation TOWING Employer SEXF		
Business Address 16933 CANAL CUNTON TWP., MI Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	800	
(Sompless on the page of surfacely)		

Enter this total on line 3 of Summary Page.

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SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Nu	mber <u>68</u> 6	146-50	
		_	J. CADUA

CANDIDATE COMMITTEE		
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? YES 4. Date of Receipt 7-20-16 Name: NADOL VESTAL Address: 20445 ST-LAURENCE CLINTER POPINT		
5. If over \$100.00 cumulative, please provide: Occupation INTERES Employer SEF	500.	500
Business Address 42(00 GARFIEZ) CLINTON TWO, MT Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7-12-16 Name: CAFOL OLIVER Address: 580 ELCAMINO RETH UNIT 3401 NTPLB, FCA 5. If over \$100.00 cumulative, please provide:	500,	500,
Occupation CARWASH Employer SEF Business Address 41 200 GARFIELD CLINTON TWO MIT Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7-20-16 Name: VINCE VITRE Address: 41790 GARFIELD CUNTON TWA., MT 5. If over \$100.00 cumulative, please provide: Occupation FRUIT MARKOT Employer SELF Business Address 41790 GARFIELD CUNTON TWA, MT Type of Contribution: Direct Loan from a person Fund Raiser	250.	250-
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7-21-16 Name: Sen Y Find A 220 Address: 37180 WILLOW LN CLINGON TWL., ME 5. If over \$100.00 cumulative, please provide: Occupation Faut MARKET Employer SEF Business Address 36800 GARFIELD CLINGON TWA., MI Type of Contribution: Direct Loan from a person Fund Raiser	250-	250
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	1,500.	

Enter this total on line 3 of Summary Page.

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ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Nu	mber 68°	946-50	
2. Committee Name			

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? YES 4. Date of Receipt 7-28-16 Name: LYNNE HUISMANN Address: 5401 HUPON ITILES, COMMUNICE TW?., MT 5. If over \$100.00 cumulative, please provide:	100.	100-
OccupationEmployer		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7-28-16 Name: VUSUKE KUZAM & CIT Address: 17321 VICTER CT. NORTHVILLE, MT 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	100.	/oO.
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7-25-16 Name: CHRCS McCoy Address: 9034 wood Lock rumoutt, mI 5. If over \$100.00 cumulative, please provide: OccupationEmployer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	/ ² 0-	100.
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 7-25-16 Name: BRANDY NITCHMAN Address: 360 E - South WATEN ST. APT. 3111 5. If over \$100.00 cumulative, please provide: OccupationEmployer Business Address Type of Contribution: Direct	100.	100.
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	400	

Enter this total on line 3 of Summary Page.

Page 4 of 9



ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Nu	mber <u>68</u> 6	146-50	
			I. CAULDO

CANDIDATE COMMITTEE		
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? YES 4. Date of Receipt 7-28-16 Name: DEAN ROCHERAU Address: 5893 INDERNOUNCE LN. W3T Broom FIRED,		
5. If over \$100.00 cumulative, please provide:	100.	100.
OccupationEmployer		
Business Address Type of Contribution: Direct Loan from a person Fund Ralser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 8-4-16 Name: Fin 02717		
Address: 44084 RIVERBATE CLINTON TWP., MI	300.	3000
5. If over \$100.00 cumulative, please provide:	•	
Occupation MADAG 37 Employer TENEBAC		
Business Address 35155 AV3 MATION (CONTROL Fund Raiser Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 8-4-76		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 8-4-16 Name: CHUCK TOWNER Address: 39757 BPHOR LINTON TWP., m=		_
Address: 39757 BP-LLOR LV: N TON TWP., m = 5. If over \$100.00 cumulative, please provide:	250.	500.
Address: 39757 BPHOR LINTON TWP., m.T. 5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer SZZF	250.	500.
Address: 39757 BFLOR LINTON TWP., m = 5. If over \$100.00 cumulative, please provide: Occupation ATTOLNEY Employer SETF Business Address 38770 GARFIELD CLUVYON TWP., m = Type of Contribution: Direct Loan from a person X Fund Raiser	250.	500.
Address: 39757 BFLOR LINTON TWP., mī 5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer SZZF Business Address 38770 GARFIELD CLUNTON TWP., mī Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 8-4-16	250.	500.
Address: 39757 BPLLOR LINTON TWP., mī 5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer SZZF Business Address 38770 GARFIELD CLWYON TWP., mī Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 8-4-16 Name: JZSSE BZYGOR Address: 26351 JS MILE CHZSTERFIELD, mī		
Address: 39757 BPLLOR LINTON TWP., m = 5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer SETF Business Address 38770 GAFFIELD CLUVYON TWP., m = Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 8-4-16 Name: JESSE BERGER Address: 26351 JS MILE CHESTERFIELD, m = 5. If over \$100.00 cumulative, please provide:	250. 250	500. 550.
Address: 39757 BPLLOR LINTON TWP., m = 5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer SETF Business Address 38770 GAFFIELD CLUVYON TWP., m = Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 8-4-16 Name: JESSE BERGER Address: 26351 JS MILE CHESTERFIELD, m = 5. If over \$100.00 cumulative, please provide:		
Address: 39757 BPLLOR LINTON TWP., mī 5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer SZZF Business Address 38770 GARFIELD CLWYON TWP., mī Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 8-4-16 Name: JZSSE BZYGOR Address: 26351 JS MILE CHZSTERFIELD, mī		
Address: 39757 BFLOR LINTON TWP., mī 5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer SELF Business Address 38770 GARFIELD CUNYON TWP., mī Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 8-4-16 Name: JESSE BERGER Address: 26351 25 MILE CHESTERFIELD, mī 5. If over \$100.00 cumulative, please provide: Occupation BUSINESS DUNCHEmployer SEF Business Address 3031 WEMINE DETHERPY MT		

Enter this total on line 3 of Summary Page.

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ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Nu	mber <u>68</u> °	946-50	4	
2. Committee Name				•

CANDIDATE COMMITTEE		
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. Curnulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 9-4-16 Name: VINCE MAN ZEICA Address: 1875/ WIGEON CONTON THE., ME		
5. If over \$100.00 cumulative, please provide:	250.	250.
Occupation ATTER NEY Employer SEZF		
Business Address 3999 6497 ELD Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 8-4-16		
Name: CHICAL DII F		
Address: 1211 OR COHARD REDGE Brown FIELD, HILLS,		_
5. If over \$100.00 cumulative, please provide:	\$00.	500.
Occupation CAR DANK Employer SELF		
Business Address		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 8-4-16 Name: VINNY SASOY Address: 38890 HAMPTON, WARROW, MIT 5. If over \$100.00 cumulative, please provide: Occupation Escimator Employer D. V. M. Business Address 6045 S(NS STERCING HOTS, MIT Type of Contribution: Direct Loan from a person Fund Raiser	250.	750
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 8-4-6		
Name: 0.76 C. 12.5		
Address: 37362 Froze TR OCINTON TOUR-IMI	_	4.6
5. If over \$100.00 cumulative, please provide:	250.	250
Occupation RESTRATED 2 Employer SEF		
Business Address 99 N 62063-BECK MT OWN WWS MZ		
Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal		
Grand Total of All Schedules 1A (Complete on last page of Schedule)	1,250.	

Enter this total on line 3 of Summary Page.

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ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

Committee I.D. Numb	er <u>68946-50</u>	
2. Committee Name	T.E. ROBERT	J. CADNO

CANDIDATE COMMITTEE		
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? YES 4. Date of Receipt \$-2-16 Name: MARK SMOLINSK! Address: 3773 DARLINTEN BLOOMFIETD IFILLS, MT 5. If over \$100.00 cumulative, please provide: Occupation Conscient Employer Conscient GROUP Business Address [866 WOOD LEE TRY MT Type of Contribution: Direct Loan from a person Fund Raiser	J50.	250,
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt F-1-16 Name: JOE LOW BARD 0		
Address: 39(59 MUFFATT HARRISON Ruf., MI 5. If over \$100.00 cumulative, please provide:	100-	100,
CocupationEmployer Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 8-4-16 Name: PETE THOMAS Address: SO 18 SEVEN LARCES WASHINGTON, MIT 5. If over \$100.00 cumulative, please provide: Occupation RETHING BUS - Employer SEEF Business Address 35943 S-624TCOT CHUTN TWP, MIT Type of Contribution: Direct Loan from a person Fund Raiser	50.	500.
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt F-//-/B Name: 57808 SAPPT		
Name: 57602 SAPPT Address: 44 MACOMB PLACE MT. CLOMENS, M = 5. If over \$100.00 cumulative, please provide: Occupation 1050PANCE Employer SDF Business Address 68 CLINTON PLACE NT. CLEMENS, IN = Type of Contribution: Direct Loan from a person Fund Raiser	250.	1050,
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	1100.	

Enter this total on line 3 of Summary Page.

Page $\frac{7}{7}$ of $\frac{9}{7}$



ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number <u>68946-50</u>	
2. Committee Name C.T.E. ROBERT	

CANDIDATE COMMITTEE		
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? YES 4. Date of Receipt 8-3-16 Name: JOHN BURKARD Address: 719 APPLE HILL LN FOCHESTER 1/FILL'S,		
5. If over \$100.00 cumulative, please provide:	250.	250
Occupation _mANUFA CTVLDG. Employer_SEXF		
Business Address 35300 KRUY ROAD Caugo Ful., mT Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 8-4-/2 Name: SCOTT / LEN		
Address: 1556 YOSEMITE, BIRMINGETAM, MI	<u>. (</u>	250
5. If over \$100.00 cumulative, please provide:	J50 .	J23 C
Occupation WEINTER Employer GOFLES-WEDSTER		
Business Address 63003 26 m LE WASHINGTON TW. MT Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 8-4-16 Name: Kalcov Fill 62WM		
Address: 44 CRANFORD LN GROSSEPTE, ME		
5. If over \$100.00 cumulative, please provide:	250.	250
Occupation ENGINERY Employer APPLIED SCICKE		
Business Address 63003 26 MILE LATSHINGTON RUP MIT Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt F-4-/L Name: 575757 SIFFICITY		
Address: 53481 AZALER DZ. MACOMBINIT		
5. If over \$100.00 cumulative, please provide:	250-	250
Occupation ENGINEUX Employer GOFFLES-WEBSTER		
Business Address 63003 26 MIE WASHINDER TWP., MIT Type of Contribution: Direct Loan from a person Fund Raiser		
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.

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ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number <u>68946-50</u>	
2. Committee Name C.T.E. POBERT	

CANDIDATE COMMITTEE		
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? YES 4. Date of Receipt 8-3-/6 Name: Laby mills Address: 1919 HATAND woods Hower, mI		
5. If over \$100.00 cumulative, please provide;	250.	350
Occupation CEO Employer MED STAR	080	300
Business Address 380 N - GRATIOT COUNTER TUP , ME Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution #2 PAC Receipt? YES 4. Date of Receipt Name:		
Address:		
5. If over \$100.00 cumulative, please provide:		·
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution #3 PAC Receipt? YES 4. Date of Receipt Name:		
Address:		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name:		
Address:		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person 📈 Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	250.	
	150. 8200.	

Enter this total on line 3 of Summary Page.

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ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK CANDIDATE COMMITTEE

1. Committee I. D. Number <u>68946-50</u>
2. Committee Name <u>C.T.E.</u> **POBERT 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).	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vondor from whom goods or services were	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Itom 5)
Report all in-kind contributions. Contribution # 1 PAC Receipt? Yes Name MULE SERPA	purchased 4. ☐ Endorsement or Guarantee of Bank Loan Goods Donated or Loaned ☐ Services Donated	-	
Address: 19694 WESTCHESTER TWO. MI	Goods or Services Purchased by Candidate or Others Coods or Services Purchased by Candidate or Others-LOAN		i_
If over \$100.00 cumulative, please provide: Occupation:	Description VACE 1 - WITH STATE	5,50	\$,50,
Employer: SELF	5. Date Of Recoipt: 8-4-16 6. Vendor Name & Address: MUKE SCRAA		
Business Address: 19694 WOTCHESTER CLINTEN TWO, WI	19694 WESTCHESTER		
Fund Raiser Contribution	CHATTON TOUP. MI		
Contribution # 2 PAC Receipt? Yes	4. Endorsement or Cuarantee of Bank Loan Goods Donated or Loaned Services Donated		
Address:	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:	Description		
Employer.	Date Of Receipt: Vendor Name & Address:		•
Rusiness Address:			
Fund Raiser Contribution	- 10	an a	Supre A Section
Contribution #3 PAC Receipt? Yes	Endorsement or Guarantee of Bank Loan Goods Donated Services Donated		
Address:	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:	Description		
Employer:	5. Date Of Receipt:		
Business Address:	6. Vendor Name & Address:		
Fund Raiser Contribution			
Spirit Control of the	Page Subioเจ! Grand Total of all Schedules 1-IK		
	(Complete on last page of Schedute)		
,		Enter this total on line 6 of Summary Page	



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 68 946-50

2. Committee Name CIT, E. ROBERT T. CANNON

Expenditure \$1 Name SLIPPIND BE BASE CONDCIL Address P.O. BEN 450064 Fund Raiser Expenditure \$2 Name CLUNTOND ALE SCHOOLS Address 35100 Let The mack CLUNTOND TWE, MIT Check box if this expenditure is payment of debt or obligation reported on previous statement 8-1-16 : 100. Purpose Deviation Reported on previous School or obligation reported on previous	Name and address of person or vendor to whom paid	4 Prince (Page ind Information)
Name SCURIND by BASE CONDUCT Address P.O. BON 450064 Fund Raiser Expenditure 12 Name CLUNTONDRIC SCHOOLS Address 35100 Latter mack CLUNTONDRIC SCHOOLS Purpose DENAMED STATE DOES DOE 1 this expenditure is prepared of state to Manic bandgator Type Check does 1 this expenditure is prepared of state to Manic bandgator Type Check does 1 this expenditure is prepared of state to Manic bandgator Type Check does 1 this expenditure is a payment of the state to Manic bandgator Type Check does 1 this expenditure is a payment of the state to Manic bandgator Type Check does 1 this expenditure is a payment of the state to Manic bandgator Type Check does 1 this expenditure is a payment of the state to Manic bandgator Type Check does 1 this expenditure is a payment of the state bandgator Type Check does 1 this expenditure is payment of the state bandgator Type Check does 1 this expenditure is payment of the state bandgator Type Check does 1 this expenditure is payment of the state bandgator Type Check does 1 this expenditure is payment of the state bandgator Type Check does 1 this expenditure is payment of the bandgator Type Check does 1 this expenditure is payment of the bandgator Type Check does 1 this expenditure is payment of the bandgator Type Check does 1 this expenditure is payment of the bandgator Type Check does 1 this expenditure is payment of the bandgator Type Check does 1 this expenditure is payment of the bandgator Type Check does 1 this expenditure is payment of the bandgator Type Check does 1 this expenditure is payment of the bandgator Type Check does 1 this expenditure is payment of the bandgator Type Check does 1 this expenditure is payment of the bandgator Type Check does 1 this expenditure is payment of the bandgator Type Check does 1 this expenditure is payment of the bandgator Type Check does 1 this expenditure is payment of the bandgator Type Check does 1 this expenditure is payment of the bandgator Type Check does 1 thi		4. Purpose (Required Information) 5. Date 6. Amount
Statement Expenditure #2 Name CLLAHONDIFLE SCHOOLS Address 35100 LITTLE MACK CLLA TON TWIL, MI Fund Raiser Expenditure #3 Name STIEMS DES Address . P.O. P.M. 137 John Date	Name SELFRID DE BASE CONCIL Address P.O. BOY 450064	Purpose: MEMBERSH1? Click Here for Memo beingzetton Type Check box if this expenditure is payment of
Name CLLN-FOUNCE SCHOOLS Address 35100 LITTLE MACK CLIN TON TWP, MI Fund Raiser Department of Section 25 Department of Section 20 Department of Se	Fund Raiser	
Address 35100 Let The MACK CLEN TON TWE, INT Social content of Market Summer of Market S	· ·	
Fund Raiser Expenditure #3 Name STIGH(5 DebS) Address . P.O. P.M. 137 How Rull, M.T. Fund Raiser Expenditure #4 Name LIZ VD67 Address 4070th Romero RLANK CUNATION TWP., M.T. Fund Raiser Expenditure #5 Name Address Address Fund Raiser Expenditure #5 Name Fund Raiser	3/100 GITTE MACK	Purpose DONATION
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		Grand Total of all Schwadzen 18 . 28n .

Page _____ of ____



FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

CANDIDATE CC	MANAGE 2. Com	nmittee Name C-1-2	
	- USE A SEPARATE SH	EET FOR EACH EVENT -	
3. Date Event Was Held S 4 16 Month Day Year	4. Number of Individuals Attending or Participating (whichever is greater) 65	5. Type of Fund Raising Activity FOOD + PARTY BEVERAGES	6. Address and Name (If any) of the place where the activity was held 1969 Westerness Turks The Private Residence
. Total Contributions	\$ 8,200		
O. Total Cost of Event Total Cost includes In-Kind Corand All Expenditures Made For	ntributions 4/5	io.	
	int fund raiser and complete the	following:	
Co-Sponsor(s)	Contribution S (%)	plit	Expenditure Split (%)
period covered by the C Receipts and expenditu Schedule (1A), Itemized Summary Page.	campaign Statement. res listed on a Fund Raiser Sch d In-Kind Contributions Schedule	er Schedule for each fund raising redule must also be reported on e (1-IK), Itemized Expenditures should be a Fund Raiser Schedule	the Itemized Contributions Schedule (1B) and the