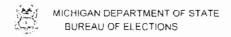


CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and c	l signed by andidate.	3. This Statement covers From	11/24/15	to 07/20/16		
1. Committee I.D. Number		4. Candidate Last Name	First	Name	M.I.	
139034		Shannon	Nathan		В	
		4a. Office Sought Including Dis	trict # or Community	Served (If applicable)	<u></u>	
2. Committee Name		Sterling Heights City Council				
CTE Nathan Shannon		4b. County of Residence MA	сомв	✓		
5. Committee's Mailing Address 40256 Diane Dr. Sterling Heights, MI 48313		6. Treasurer's Name & Residential Address Same				
Area Code and Phone (248) 506-4950 If the address in this box is different from the comm mailing address on the Statement of Organization, be sent to this address by the filing official. 7. Treasurer's Business Address		Area Code & Phone 8. Designated Record keeper'	s Name and Mailing	Address (If the comm	ittee has a	
Same		Designated Record keeper)		\		
Area Code and Phone	· · · · · · · · · · · · · · · · · · ·	Area Code and Phone			_	
9. TYPE OF STATEMENT	Required ON	NLY if candidate	9e. Dissolution of	f Candidate Committe	ee	
9a. Pre-Election OR 9b. Post-Election Pre-Election or Post-Election Statement relates to:	is not on the current year:	ballot for the	by the committee to by discharged and	nis item I/We certify any to the candidate or his of forgiven, and no longe e committee has no ou	or her spouse is here er collectible from	
Primary	July Quart	erly	1	or has any oustanding	•	
General Convention	October C	uarterly	Further, if the dissol considered a reque	lution cannot be grante st for the Reporting Wa	ed, that this be aiver.	
Speciál School	9c. Annua	al Statement () Coverage Year	Effective	date of dissolution		
Caucus	(Com	dment to Campaign Statement plete Item 9a, 9b, 9c or 9e to te which Statement is being ded.)	Note: The disposition Schedule 1B and the	on of residual funds mi	ust be reported on	
Date of Election, Convention or Caucus						
11/03/15						
10. Verification: I\We certify that all reasonable diligr			ent and attached sch	nedules (if any) and to	the best of	
Current Treasurer or Designated Record keeper Nathan Shan		Signature Nathan Signature	harm	— Date9-8	3-16	
Type or Print Name		Signature	1			
Candidate Nathan Shannon			hann	Date9-8	3-16	
Type or Print Name		Signature				

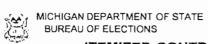


1. Committee I.D. Number 139034

SUMMARY PAGE CANDIDATE COMMITTEE

2 Committee Name CTE Nathan Shannon

CANDIDATE COMMITTEE		
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 18, Column 6)	(8a.) \$	
b. Itemized Get-Out-the-Vote (Schedule 18-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 1É)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
	BALANCE STATEMENT	
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	



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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 all contributions regardless of amount.					6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: The Mitten Fund 971 Dressler Ln	PAC Receipt?	YES 4. Date	of Rece	12/03/15		
Rochester Hills,	MI 48307				_s 1500.00	_s 9000.00
5. If over \$100.00 cum		vide:			4	
Occupation					Click Here for	or Memo Itemization
Business Address						
	Direct	Loan from a person		Fund Raiser		
Contribution #2 Name & Address	PAC Receipt?	YES 4. Date	of Rece	ipt		
					\$	\$
5. If over \$100.00 cums	ılative, please pro	vide:			Click Here fo	or Memo Itemization
Occupation		Employer				
Business Address				AND THE RESERVE		
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
3. Contribution #3 Name & Address:	PAC Receipt?	YES 4. Date	of Rece	eipt		
					\$	\$
5. If over \$100.00 cum	ılative, please pro	vide:			Click Here for	r Memo Itemization
Occupation		Employer				
Business Address						
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
Contribution # 4 Name & Address	PAC Receipt?	YES 4. Date	of Rec	eipt		
					\$	\$
5. If over \$100.00 cumu	ulative, please pro	ovide:			Click Here for	r Memo Itemization
Occupation		Employer				
Business Address						
Type of Contribution:	Direct	Loan from a person	Г	Fund Raiser		
				Page Subtotal	\$1,500.00	
				rand Total of All Schedules 1A plete on last page of Schedule)	\$1,500.00	
			(OUII)	place of deficiency	Enter this total on line 3a of Summary	



ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK

1. Committee I. D. Number 1

CANDIDA	TE	COM	TIN	TEE
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² Committee Name CTE Nathan Shannon

CANDIDATE COMM		,	7
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 Employer Name & Business 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 Description 5. Date Of Receipt: 2-3-15	236.28	836.91
L'Anse Creuse School District 24001 Pankow BLVD Clinton Twp. MI 48036	6 Vendor Name & Address:	ick Here for Memo Ite	emization
Contribution # 2 PAC Receipt? Yes Name & Address	4	s	
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Description 5. Date Of Receipt: 6. Vendor Name & Address:	ick Here for Memo Iti	emization
Fund Raiser Contribution			
Contribution #3 PAC Receipt? Yes Name & Address:	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated S 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: C	lick Here for Memo It	emization
Fund Raiser Contribution	Page Subtota	\$236.28	\$836.91
	Grand Total of all Schedules 1-I (Complete on last page of Schedule	^K \$236.28	

Enter this total on line 6 of Summary Page

Pag. of ___



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 139034

2. Committee Name CTE Nathan Shannon

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
Address	Purpose: Printing	Date	
15138 Beech Daly		lere in: Memo	Itemization Type
Redford, MI 48,239		icite ioi memo	nemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name			\$
	Surren	Date	AT SECULAR SEC
Address	Purpose.		
	Click H	lere for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name			
		Date	\$
Address	Purpose:		
	Click H	ere for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name			
Address		Date	\$
Address	Purpose		
	Click H	ere for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name			
Address	Purpose:	Date	\$
		loso for * *	Homization Type
	Check box if this expenditure is payment of	iere ioi Memo	Itemization Type
Cont Daine	debt or obligation reported on previous		
Fund Raiser	statement	tal this page	¢4 720 00
	Subto	tal this page	\$1,736.28
	Grand Total of all 5 (Complete on last page		\$1,736.28

Enter this total on line 8a of Summary Page