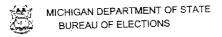


MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

COVER PAGE			
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:	11/28/20 to 07/20	
Committee I.D. Number	4. Candidate Last Name	First Name	M.I.
39034	SHANNON	NATE	nlicable)
39004	4a. Office Sought Including Distri	ict # or Community Served (II ap	pilicable)
Committee Name	STERLING HEIGHTS CITY	COUNCIL	470
CTE NATHAN SHANNON	4b. County of Residence MACC	OMB 🔽	3 3 3 3 3 3 3 3 3 3
Committee's Mailing Address 3313 INTERLAKEN DR. TERLING HEIGHTS, MI 8313	6. Treasurer's Name & Resident	iri Address	FILED JUL 26 PH 2: 3
Area Code and Phone (586) 840-8533 The address in this box is different from the committee of Organization, mail may	(596) 84	.n_8533	Single Si
the address in this box is difficult from the distribution of the Statement of Organization, mail may be sent to this address by the filing official.		16 th a comm	
7. Treasurer's Business Address	Designated Record Keeper's Designated Record Keeper)	s Name and Address (If the com	miles nos a
Area Code and Phone	Area Code and Phone	to a distance	Committee
		9e. Dissolution of Candidate	
9a. Pre-Election OR 9b. Post-Election is no curre	uired ONLY if candidate t on the ballot for the int year: ly Quarterly	By checking this item I/We by the committee to the candida by discharged and forgiven, and the committee. The committee owes no lates fees or has any or	ate or his or her spouse is he d no longer collectible from has no oustanding assets,
General	ctober Quarterly	Further, if the dissolution canno considered a request for the Re	it be granted, that this be porting Waiver.
Convention Special 9c.	Annual Statement() Coverage Year	Effective date of diss	olution
School Caucus	Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)	Note: The disposition of residu Schedule 1B and the Summar	al funds must be reported or y Page.
Date of Election, Convention or Caucus			
10. Verification: NWe certify that all reasonable diligence v	vas used in the preparation of this stater	ment and attached schedules (if	any) and to the best of
my/our knowledge and belief the contents are true, accur-		1_	7-21-2018
Current Treasurer or Designated Record keeper NATE SHANNO	N / Signature	Date	1-21-2010
Type or Print Name Candidate NATE SHANNON	Signature	Date	7-21-2018



1. Committee I.D. Number 139034

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name CTE Nathan Shannon

CANDIDATE COMMITTEE	Column I	Column II
RECEIPTS	This Period	Cumulative this election cycle
3. Contributions	(3a.) \$ 200.00	
a. Itemized (Schedule 1A - Column 6)		
b. Uniternized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	40.0
c. Subtotal of "Contributions"	(3c.) \$	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ \$200.00	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$200.00	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures	¢11 87	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ \$44.87	-
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Uniternized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ _\$44.87	(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)	(11.) \$	
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ _\$0.00	<u>-</u>
b. Owed to the Committee (Schedule 1E)	(12b.)\$ \$0.00	
D. Owed to the Constituted (CS. ISSEE	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ \$389.75	
(Enter zero if no previous reports have been filed.)	(14.) + \$ \$200.00	·
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(15.) = \$ \$589.75	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(16.) - \$ \$44.87	
(Add lines 9 and 11)	(17.) \$ \$544.88	*
(Subtract line 16 from line 15)	. (11.) Ψ	



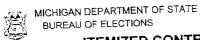
ITEMIZED OTHER RECEIPTS **SCHEDULE 1A-1**

CANDIDATE COMMITTEE

1. Committee I.D. Number 139034

CANDIDATE	COMMITTEE	2. Committee Name CTE Nathan Sha	annon
To Wham Booking	4. Date of Receipt	5. Type of Receipt	6. Amount
Name & Address From Whom Received	Date of Receipt 07/26/18	Loan from a Lending Institution	E20.75
eceipt #1 ame & Address:		Interest	_{\$_} 539.75
ends of Nate Shannon		L	
313 Interlaken Dr. erling Heights, MI		✓ Refund \Rebate Click for	Memo Itemization Type
313 ·		Other (Specify)	
	Fund Raiser	Other (Specify)	
eceipt #2	Date of Receipt	Loan from a Lending Institution	
lame & Address:		Interest	\$
1			r Memo Itemization Type
		Treiding a research	
	Fund Raiser	Other (Specify)	
	Date of Receipt	Loan from a Lending Institution	
Receipt #3 Name & Address:			\$
		Interest Click for	or Memo Itemization Type
			A MICHIO MCIMERION , 190
	□ c upsisse	Other (Specify)	
	Fund Raiser		
Receipt #4 Name & Address:	Date of Receipt	Loan from a Lending Institution	· \$
Name & Address.		Interest	Ψ
			or Memo Itemization Type
		Other (Specify)	
	Fund Raiser		
Receipt #5	Date of Receipt	Loan from a Lending Institution	•
Name & Address:		Interest	\$
			for Memo Itemization Type
	Fund Raiser	Other (Specify)	
Receipt #6	Date of Receipt	Loan from a Lending Institution	
Name & Address:		Interest	\$
	,		for Memo Itemization Type
	Fund Raiser	Other (Specify)	
Receipt #7	Date of Receipt	Loan from a Lending Institution	_
Name & Address:			\$
		Interest	for Memo Itemization Type
		Refund \Rebate	TOT HOUSE CONTINUES 17F-
	<u> </u>	Other (Specify)	
	Fund Raiser		Subtotal \$539.75
		Grand Total of All Schedu	des 1A -1 \$539.75
		(Complete on last page of	Schedule) 4003.70

Enter this total on line 4 of Summary



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

2. Committee Name

CTE NATHAN SHANNON

CANDIDATE CO		2, 00(m/m/d - 1	L C Amount	7. Cumulative for
inter contributor's name and address. If cont niddle initial. Check box to indicate if contributions reg committee (PAC) Report <u>all</u> contributions reg	ardless of amount.		6. Amount	Election Cycle for Each Contributor (Through date of receipt)
B. Contribution #1 PAC Receipt? Tame & Address: RON WORKERS LOCAL 25 5150 TRANS X DRIVE P.O. BOX 96 ROVI, MI 48376	_1	eipt <u>01/22/17</u>	_{\$} 100	_{\$} 100
. If over \$100.00 cumulative, please provi	de:		Click Here	e for Memo Itemization
Occupation	Employer			
Business Address Type of Contribution: Direct	Loan from a person	Fund Raiser		
Contribution #2 PAC Receipt?	YES 4. Date of Rec	ceipt 12/28/20		,200,0
PLUMBERS LOCAL 98 700 TOWER DR SUITE 300			<u>\$ 100 </u>	_ s
TROY, MI 48098	ide:		Click Her	e for Memo Itemization
5. If over \$100.00 cumulative, please prov Occupation	Employer			
Business Address	Loan from a person	Fund Raiser		
3. Contribution # 3 PAC Receipt? Name & Address:	YES 4, Date of R	teceipt	\$	\$
5. If over \$100.00 cumulative, please pro			Click He	re for Memo Itemization
Occupation	Employer			
Business Address Type of Contribution: Direct	Loan from a person	Fund Raiser		
Contribution # 4 PAC Receipt? Name & Address	YES 4. Date of	Receipt	-	
	•		\$	\$
5. If over \$100.00 cumulative, please pr	ovide:	*	Click He	ere for Memo Itemization
Occupation	Employer			
Business Address		Fund Raiser		
Type of Contribution: Direct	Loan from a person		total \$200.00	

Grand Total of All Schedules 1A (Complete on last page of Schedule) Schedule

Enter this total on



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 139034

2. Committee Name CTE Nathan Shannon

CANDIDATE COMMITTEE	_ Continues v.c.	5. Date 6	, Amount
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	J. Date	
Expenditure #1 Name Vantiv ECommerce Distribution	Purpose: Online Contribution Fee	07/11/18 Date	\$ <u>4.72</u>
Address /antiv.com		K Here for Memo Ite	mization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	of	
Expenditure #2			
Name Act Blue Donate	Purpose: Online Contribution Fee	06/04/18 ————————————————————————————————————	\$ <u>1.13</u>
Address Actblue.com	1	k Here for Memo Ite	emization Type
Fund Raiser	Check box if this expenditure is payment debt or obligation reported on previous statement	of	
Expenditure #3			
Name Vantiv ECommerce	_	05/09/18	\$ <u>13.10</u>
Address	Purpose: Online Contribution Fee	Date -	- wination Type
Vantiv.com	Cli	ck Here for Memo II	emization Type
Fund Raiser	Check box if this expenditure is payment debt or obligation reported on previous statement	t of	
Expenditure #4			
Name Act Blue Donate	Purpose: Online Contribution Fee	07/26/18 Date	\$ <u>5.40</u>
Actblue.com	CI	ick Here for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is paymer debt or obligation reported on previous statement		
Expenditure #5			
Name Vantiv ECommerce	Online Contribution Fee	04/10/18 Date	\$ <u>11.42</u>
Address	Purpose: Online Contribution Fee	- Click Here for Memo	Itemization Type
Vantiv.com	Check box if this expenditure is payme debt or obligation reported on previous statement		
Fund Raiser		Subtotal this page	\$35.77
	Coord Tatal	of all Schedules 18	

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

44.87

Enter this total on line 8a of



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

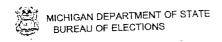
139034 1. Committee I. D. Number

2. Committee Name CTE Nathan Shannon

CANDIDATE COMMITTEE 2.	Committee Name OTE Watham Street	5. Date 6.	Amount
. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5, Date 6.) Willows
Expenditure #1		07/11/18	4.40
Name Vantiv ECommerce Distribution	Purpose: Online Contribution Fee	Date	1.10
oddress /antiv.com	Purpose:	k Here for Memo Iten	nization Type
	Check box if this expenditure is payment of debt or obligation reported on previous	of	
Fund Raiser	statement		
xpenditure #2		04/04/18	s 7.50
Name Act Blue Donate	Purpose: Online Contribution Fee	Date	7.00
Address		ck Here for Memo Ite	mization Type
Actblue.com			
	Check box if this expenditure is payment debt or obligation reported on previous	. of	
Fund Raiser	statement		
Expenditure #3		02/09/18	\$,50
Name Vantiv ECommerce	Online Contribution Fee	Date	\$ <u>.50</u>
Address	Purpose: Online Contribution Fee	– lick Here for Memo Ite	emization Type
Vantiv.com	Check box if this expenditure is paymer		
□ s. d Baisass	debt or obligation reported on previous statement		
Fund Raiser			
Expenditure #4 Name		Date	\$
Addross	Purpose:	_ _	
Address Actblue.com	C	Click Here for Memo I	temization Type
·	Check box if this expenditure is payme debt or obligation reported on previous	ent of	
Fund Raiser	statement		
Expenditure #5			
Name Vantiv ECommerce		Date	\$
Address	Purpose:		v - 1
Vantiv.com	}	Click Here for Memo	Itemization Type
	Check box if this expenditure is paym debt or obligation reported on previous statement	eur ot	
Fund Raiser	Statement	Subtotal this page	\$9.10
	Crand Tata	il of all Schedules 1B	11110

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

Enter this total on line 8a of



DEBTS AND OBLIGATIONS

1. Committee I.D. Number

139034

,, 50	_		
CTE Natha	an SHannon		
2. Committee Name			
LA Dabta	and obligations owed to O	forgiven by the con	nmittee.
e committee OR D. [] Debts (Check either a or b. Use only for the purp	pose checked.)		
or 4. Type of Obligation (Description) 5. Indicate date debt was incurred	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
of debt			
4. Type: Loan	11/09/17 \$ 100.00		
	07/26/18 \$ 400.00		
11/13/16	\$	\$ 500.00	\$_0.00
6. Original Amount of Debt:	\$		FORGIVEN
\$_500.00	\$		1 ————
	An	nount Endorsed: \$ -	
4. Type:	\$		
5. Date Debt Was Incurred:	\$	-	
To the state of Doht	\$	•	\$
6. Original Amount of Debt.	\$	Ψ	FORGIVEN
\$	\$		
		Amount Endorsed: \$)
1.7	\$		
	\$		
3. Date Dent Was tages	\$	_	
6. Original Amount of Debt:	\$	\$	_
\$		_	FORGIVE
		- Amount Endorsed:	\$
			\$0.00
			eDI)
in the anti-troop of Schodill	Grand Teleshowing amounts owed	otal of all Schedules by or to the commit	1E \$0.00
(Complete on last page of Schedul			Enter this tota on line 12a "o
	e committee OR b.	e committee OR b. Debts and obligations owed to or (Check either a or b. Use only for the purpose checked.) or 4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt 4. Type: Loan	2. Committee Name e committee OR b. Debts and obligations owed to or forgiven by the con (Check either a or b. Use only for the purpose checked.) Or 4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt 4. Type: Loan 4. Type: Loan 5. Date Debt Was Incurred: 11/13/16 6. Original Amount of Debt: \$ 500.00 Amount Endorsed: \$ - 4. Type: 5. Date Debt Was Incurred: 6. Original Amount of Debt: \$ \$ \$ \$ Amount Endorsed: \$ \$ 4. Type: 5. Date Debt Was Incurred: 5. Date Debt W

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

by"" or line 12b
"owed to" of the
Summary Page

Page	1	of 1	