



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.

1. Committee I.D. Number 139034		3. This Statement covers From: 11/28/17 to 07/20/18	
2. Committee Name CTE Nathan Shannon		4. Candidate Last Name Shannon First Name Nate M.I. 4a. Office Sought Including District # or Community Served (If applicable) Sterling Heights City Council	
5. Committee's Mailing Address 43313 Interlaken Dr Sterling Heights, MI 48313 Area Code and Phone (586) 840-8533 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.		4b. County of Residence MACOMB	
7. Treasurer's Business Address Area Code and Phone _____		6. Treasurer's Name & Residential Address N/A Area Code & Phone _____	
9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus Date of Election, Convention or Caucus _____		8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) Area Code and Phone _____ 9c. <input checked="" type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly 9d. <input type="checkbox"/> Annual Statement (_____) Coverage Year 9e. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)	
9e. Dissolution of Candidate Committee <input type="checkbox"/> By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is hereby 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 Nate Shannon Type or Print Name		Signature <i>Nate Shannon</i> Date 9-4-18	
Candidate Nate Shannon Type or Print Name		Signature <i>Nate Shannon</i> Date 9-4-18	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139034

2. Committee Name CTE NATHAN SHANNON

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>200.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$200.00</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	_____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>\$200.00</u>	(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			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>579.23</u>	
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.) \$	<u>579.23</u>	(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.) \$	_____	(24.) \$ _____
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(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.)	(13.) \$	<u>\$389.75</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$200.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>\$589.75</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>579.23</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>10.52</u>	*



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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 <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? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>01/22/18</u>	
Name & Address: IRON WORKERS LOCAL 25 25150 TRANS X DR. PO BOX 965 NOVI, MI 48376		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value="v"/>	
3. Contribution #2	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>12/28/17</u>	
Name & Address: PLUMBERS LOCAL 98 700 TOWERS DR. SUITE 300 TROY, MI 48098		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value="v"/>	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
Name & Address: _____ _____ _____		\$ _____	\$ _____
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 type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value="v"/>	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
Name & Address: _____ _____ _____		\$ _____	\$ _____
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 type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value="v"/>	

Page Subtotal \$200.00

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

\$200.00

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 139034
2. Committee Name CTE Nathan Shannon

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Vantiv ECommerce Distribution</u> Address <u>Vantiv.com</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Online Contribution Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/11/18</u> Date	<u>\$ 4.72</u>
Expenditure #2 Name <u>Act Blue Donate</u> Address <u>Actblue.com</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Online Contribution Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/04/18</u> Date	<u>\$ 1.13</u>
Expenditure #3 Name <u>Vantiv ECommerce</u> Address <u>Vantiv.com</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Online Contribution Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/09/18</u> Date	<u>\$ 13.10</u>
Expenditure #4 Name <u>Friends of Nate Shannon</u> Address <u>43313 Interlaken Dr.</u> <u>Sterling Heights, MI</u> <u>48313</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Balance Transfer</u> <u>has since been refunded.</u> <u>Will reflect on next report</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>2-5-18</u> Date	<u>\$ 539.75</u>
Expenditure #5 Name <u>Vantiv ECommerce</u> Address <u>Vantiv.com</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Online Contribution Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/10/18</u> Date	<u>\$ 11.42</u>

Subtotal this page

30.37

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

39.47

Enter this total
on line 8a of



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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 139034
2. Committee Name CTE Nathan Shannon

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Vantiv ECommerce Distribution</u> Address <u>Vantiv.com</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Online Contribution Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/11/18</u> Date	<u>\$ 1.10</u>
Expenditure #2 Name <u>Act Blue Donate</u> Address <u>Actblue.com</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Online Contribution Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/04/18</u> Date	<u>\$ 7.50</u>
Expenditure #3 Name <u>Vantiv ECommerce</u> Address <u>Vantiv.com</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Online Contribution Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/09/18</u> Date	<u>\$.50</u>
Expenditure #4 Name Address <u>Actblue.com</u> <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	\$ _____
Expenditure #5 Name <u>Vantiv ECommerce</u> Address <u>Vantiv.com</u> <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	\$ _____

Subtotal this page

\$9.10

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

39.47

Enter this total
on line 8a of