



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 7-19-20 to 7-19-20

1. Committee I.D. Number

68946-50

2. Committee Name

C.T.E. ROBERT F. CANNON

4. Candidate Last Name

CANNON

First Name

ROBERT

M.I.

J

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

SUPERVISOR - CLINTON TOWNSHIP

4b. County of Residence

MACOMB

5. Committee's Mailing Address

17217 CANVAS BACK
CLINTON TOWNSHIP, MI

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 CANVAS BACK

CLINTON TOWNSHIP, MI

Area Code & Phone

586 846 3343

7. Treasurer's Business Address

SAME

Area Code and Phone

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

N/A

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 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

CHERYL CANNON, Cheryl Cannon

Type or Print Name

Signature

Date

7-19-20

Candidate

ROBERT F. CANNON, Robert F. Cannon

Type or Print Name

Signature

Date

7-19-20



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 68946-50

2. Committee Name C. T. E. ROBERT F. CANNON

**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>13,850.</u>	(18.) \$ <u>79,900.</u>
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	(19.) \$ <u>0</u>
c. Subtotal of "Contributions"	(3c.) \$	<u>13,850.</u>	(20.) \$ <u>79,900.</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>0</u>	
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>13,850.</u>	
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>0</u>	(21.) \$ <u>0</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>0</u>	(22.) \$ <u>0</u>
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>3,590.83</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>—</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>—</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>3,590.83</u>	(23.) \$ <u>30,274.41</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>0</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>0</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>0</u>	(24.) \$ <u>0</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>0</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>0</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>81,556.</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>13,850</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>95,406.</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>3,590.83</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>91,815.17.</u>	



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. CHAMBERLAIN

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 <u>2-7-20</u> Name: <u>LIZ VOGEL</u> Address: <u>593 UNIVERSITY GROSSE POINTE, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	50.	50
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>2-21-20</u> Name: <u>VAL POLUITO</u> Address: <u>39085 MORAVIAN CLINTON TWP., MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>INSURANCE SALES</u> Employer <u>SELF</u> Business Address <u>37195 POCAHONTAS CLINTON TWP., MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	100.	300.
3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt <u>2-20-20</u> Name: <u>CAROLYN DORIAN</u> Address: <u>156 LINDA CT. BLOOMFIELD HILLS, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>CAR SALES</u> Employer <u>SELF</u> Business Address <u>35900 GRATIOT CLINTON TWP., MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	200.	200.
3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt <u>2-20-20</u> Name: <u>DON CARNAGHI</u> Address: <u>41835 ARDEN CLINTON TWP., MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>INVESTOR</u> Employer <u>SELF</u> Business Address <u>16450 19 MILE CLINTON TWP., MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	100.	400.
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	350	



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. CHANDLER

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 <u>2-24-20</u> Name: <u>Donna Oakley</u> Address: <u>19802 WESTCHESTER CUNTO TWP., MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>MANUFACTURER</u> Employer <u>SELF</u> Business Address <u>19802 WESTCHESTER CUNTO TWP., MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		200.	800
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>2-24-20</u> Name: <u>AL LAHOOD</u> Address: <u>15 DOUGL GROSSE PTE, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>DEVELOPER</u> Employer <u>SELF</u> Business Address <u>20233 MACK GROSSE PTE WOODS, MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		100.	400.
3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt <u>2-23-20</u> Name: <u>ELEANOR CHICHESTER</u> Address: <u>37545 BONABIO CUNTO TWP., MI</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		100.	100.
3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt <u>2-24-20</u> Name: <u>FIM GEORGE</u> Address: <u>19634 WESTCHESTER CUNTO TWP., MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>DEVELOPER</u> Employer <u>SELF</u> Business Address <u>19634 WESTCHESTER CUNTO TWP., MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		200.	600
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		600.	

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee ID Number 68946-10
2. Committee Name C.T.E. ROBERT F. CHAMBERLAIN

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: <u>2-25-20</u> Name: <u>MARK OTT</u> Address: <u>49572 BOULETTE PTE CHASSERFIELD, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>BUMMING/PAINTING</u> Employee: <u>SELF</u> Business Address: <u>17300 HAZEL RD CLINTON TWP, MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raise		200.	800.
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt: <u>2-24-20</u> Name: <u>DONNA HASSIG</u> Address: <u>37363 FIORI TRAIL CLINTON TWP, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>PLUMBING</u> Employee: <u>SELF</u> Business Address: <u>372 CHURCH MT. CLINTON</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raise		200.	800.
3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt: <u>2-26-20</u> Name: <u>ROBERT LINDH</u> Address: <u>38920 OAK ARBOR CT. SHOLBY TWP, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employee: <u>URBAN LAND CONSULTANTS</u> Business Address: <u>8800 23 MILE SHOLBY TWP, MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raise		200.	600.
3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt: <u>2-25-20</u> Name: <u>TONY ATSAKAKIS</u> Address: <u>817 BAUFUR GROSSE PTE PARK, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>PAINTING</u> Employee: <u>SELF</u> Business Address: <u>24595 GROESBECK WARREN, MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raise		500.	500.

Page Success
Grand Total of All Schedules 1A
Complete on last page of Schedule

1,100.



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. CHAMBERLAIN

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: <u>2-25-20</u> Name: <u>Tom GUSTARD</u> Address: <u>347 PINE RIDGE DR. BIRMINGHAM, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation: <u>DEVELOPER</u> Employer: <u>SELF</u> Business Address: <u>3120 WOODWARD BIRMINGHAM MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	200.	600.
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt: <u>2-27-20</u> Name: <u>GARY BROAD</u> Address: <u>20650 MOXOD CLINTON TWP. MI</u> 5. If over \$100.00 cumulative, please provide: Occupation: <u>OWNER</u> Employer: <u>MIDWEST STEAK</u> Business Address: <u>2535 E. GRAND BLVD DETROIT, MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	200.	600.
3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt: <u>2-26-20</u> Name: <u>FRANK CALSWELL</u> Address: <u>1399 LAKE SHORE FORTON, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation: <u>OWNER</u> Employer: <u>INDEPENDENT MGMT.</u> Business Address: <u>14381 NORTH RD FORTON, MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	200.	800.
3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt: <u>2-26-20</u> Name: <u>VICCE CRISPENAWI</u> Address: <u>529 CHASE LN BLOOMFIELD HILLS, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation: <u>DEVELOPER</u> Employer: <u>SELF</u> Business Address: <u>37135 WOOD POINTE CLINTON TWP. MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	200.	800.

Page Subtotal
Grand Total of A: Schedules 1A
Complete on last page of Schedule

800



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 68946-10
2. Committee Name C.T.E. ROBERT F. CHAMBERLAIN

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: <u>3-4-20</u> Name: <u>KOBY MILLER</u> Address: <u>1919 HARTMAN HOWELL, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>MEDSTAR</u> Business Address <u>380 N. GRATIOT CLINTON TWP., MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		100	500.
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt: <u>2-27-20</u> Name: <u>DAVID MORELL</u> Address: <u>39429 MORAVIAN CLINTON TWP., MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Builder</u> Employer <u>SELF</u> Business Address <u>22756 MACOMB RD. DR. CLINTON TWP., MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		200.	200.
3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt: <u>2-17-20</u> Name: <u>CHASE ROBB</u> Address: <u>38446 MANCHESTER CLINTON TWP., MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>RETIRED</u> Business Address <u>110 SOUTH MAIN ST. CLINTON TWP., MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		200.	200.
3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt: <u>2-28-20</u> Name: <u>PAUL ROBERT</u> Address: <u>55764 SAINT REGIS STUBBY TWP., MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>55764 ST. REGIS STUBBY TWP., MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		200	800

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Complete or last page of Schedule

700



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 68946-10
2. Committee Name C.T.E. ROBERT F. CHURCH

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: <u>3-1-20</u> Name: <u>JOE VICARI</u> Address: <u>37523 HIDDEN VALLEY CLINTON TWP., MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>RESTAURANTEUR</u> Employee: <u>SELF</u> Business Address: <u>14425 LAKEVIEW CIR STORING HOTS., MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raise		200.	400.
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt: <u>3-5-20</u> Name: <u>PAUL OETTER</u> Address: <u>434 WOODGATE COURT WILLOWBROOK, IL</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employee: _____ Business Address: _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raise		100.	100.
3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt: <u>3-5-20</u> Name: <u>BERNIE OSTROM</u> Address: <u>7262 ROSEBATE PL. DUBLIN, OH.</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employee: _____ Business Address: _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raise		100.	100.
3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt: <u>3-4-20</u> Name: <u>TIM BURROWS</u> Address: <u>46772 HAMPTON SITIZBY TWP., MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employee: <u>RESERVATION COMETARY</u> Business Address: <u>18201 CLINTON RIVER CLINTON TWP., MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raise		100.	200

Page Success
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Complete on last page of Schedule

500.



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. CHURCH

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: <u>3-4-20</u> Name: <u>PAT MORAN</u> Address: <u>26421 HARBOUR PTE. DR. HARRISON TWP, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>CAR DONOR</u> Employee: <u>SELF</u> Business Address <u>35500 GRATIOT CLINTON TWP MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser				200.	700.
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt: <u>3-12-20</u> Name: <u>DON GILLMAN</u> Address: <u>19305 LINCOLN CLINTON TWP, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employee: _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser				100.	300.
3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt: <u>3-12-20</u> Name: <u>DENISE THOMBAY</u> Address: <u>41540 JEFFERSON CLINTON TWP, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>BOOKKEEPING</u> Employee: <u>GRAND COMPANIES</u> Business Address <u>6303 26 MILE WASHINGTON, MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser				100.	400.
3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt: <u>3-12-20</u> Name: <u>MARTIN STERNING</u> Address: <u>38131 SURREY CLINTON TWP, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employee: _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser				100.	300.

Page Summary
Grand Total of All Schedules 1A
Complete on last page of Schedule

500.

Enter the total on
line 3 of Summary
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 68946-80
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? ☐ YES 4. Date of Receipt <u>3-13-20</u> Name: <u>MARY JO VAN NATTER</u> Address: <u>30 CLEARVIEW GROSSE POE SHORES, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>WASTE MANAGEMENT</u> Business Address <u>615 GILSWARD DETROIT, MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		100	400.
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>3-12-20</u> Name: <u>RALPH BIANCHI</u> Address: <u>16680 18 MILE CANTON TWP., MI</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		100.	100
3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt <u>3-11-20</u> Name: <u>KHODOR ABDALLAH</u> Address: <u>38229 PINEBROOK STERLING HTS., MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>SELF</u> Business Address <u>156 W. JEFFERSON DETROIT, MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		500.	500.
3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt <u>3-12-20</u> Name: <u>CARLIS BACHO</u> Address: <u>11360 PACEDTWO CIR STERLING HTS., MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>SELF</u> Business Address <u>55190 VAN DYKE SHARBY TWP., MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		200.	500.
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		900.	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 68946-10
2. Committee Name C.T.E. ROBERT F. CHANDLER

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: <u>3-12-20</u> Name: <u>CAROL MILES</u> Address: <u>44432 COMPASS PTE CANTONMENT, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer: <u>SELF</u> Business Address <u>44432 COMPASS PTE CANTONMENT, MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		200.	200.
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt: <u>3-12-20</u> Name: <u>LINDA BELLA</u> Address: <u>45511 SALT CREEK CANTONMENT, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer: _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		100.	100.
3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt: <u>3-12-20</u> Name: <u>TOM BRISSE</u> Address: <u>5400 GREAT FORESTS DR CANTONMENT, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer: <u>McLAREN MACOMB</u> Business Address <u>1000 HARRINGTON MC COMB, MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		250	1,500
3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt: <u>3-12-20</u> Name: <u>MARV ABRAHAM</u> Address: <u>1410 ILLINOIS BOULEVARD, FLA</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>TRUCKER</u> Employer: <u>SELF</u> Business Address <u>133 MEETREEY FORT GRATIOT, MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		200	400

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 68946-10
2. Committee Name C.T.E. ROBERT F. CHURCH

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: <u>3-17-72</u> Name: <u>SCOTT CHURCH</u> Address: <u>41605 LEXINGTON COUNTRY TRAIL, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation: <u>ENGINEER</u> Employer: <u>AEW</u> Business Address: <u>63003 26 MILE WASHINGTON RD, MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		200.	700.
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt: <u>3-12-72</u> Name: <u>DOUG DIZIO</u> Address: <u>1211 BUCKLE LAKE RD BRUCE TWP, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation: <u>HORTING / LANDSCAPE</u> Employer: <u>SELF</u> Business Address: <u>40642 MOUND STORMING HILLS, MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		200	900
3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt: <u>3-7-72</u> Name: <u>JOHN FOSN</u> Address: <u>13288 LILIAN STORMING HILLS, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation: <u>BUSINESS</u> Employer: <u>SELF</u> Business Address: <u>13344 W. STARR SITE 234 RD, MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		100	500
3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt: <u>3-12-72</u> Name: <u>TERP-1 GIBSON</u> Address: <u>34257 BARKLEY COUNTRY TRAIL, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation: <u>HOUSEWIFE</u> Employer: _____ Business Address: _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		50.	350

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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. CHAMBERLAIN

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: <u>3-12-70</u> Name: <u>DAVID GUZZARDI</u> Address: <u>39725 GARFIELD CUMMINGTON TWP, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>DOCTOR</u> Employer <u>SELF</u> Business Address <u>39725 GARFIELD CUMMINGTON TWP, MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		100	400
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt: <u>3-12-70</u> Name: <u>ANITA FRANKS</u> Address: <u>15745 NEWPORT CUMMINGTON TWP, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>M.C. PROSECUTOR</u> Business Address <u>1 S. MAIN MT. CUMMINGTON, MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		150	250
3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt: <u>3-12-70</u> Name: <u>GREG ACOBACCI</u> Address: <u>53634 CHRISTY DR. CHESTERFIELD, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDER</u> Employer <u>SELF</u> Business Address <u>53634 CHRISTY DR. CHESTERFIELD, MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		250	250
3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt: <u>3-12-70</u> Name: <u>MARION LANE</u> Address: <u>16585 WOODLAKE FARMER, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>SMITH</u> Employer <u>RETIRED</u> Business Address <u>6771 METRO PARKWAY SPENCER HILLS, MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		100	200

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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. 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? ☐ YES 4. Date of Receipt <u>3-12-12</u> Name: <u>ROB MITCHELL</u> Address: <u>2486 HAWTHORNE SHALBY TWP., MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>19500 HALL RD SHALBY TWP., MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		200.	450.
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>3-12-12</u> Name: <u>BOB KIRK</u> Address: <u>37531 HIDDEN LAKE CANTON TWP., MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>19500 HALL RD SHALBY TWP., MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		200	800
3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt <u>3-12-12</u> Name: <u>FRANCIS CLARK</u> Address: <u>20007 WILSON RD SHALBY TWP., MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>RECREATION PROPERTY</u> Business Address <u>18201 CLINTON RIVER RD CLINTON TWP., MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		100.	300.
3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt <u>3-12-12</u> Name: <u>JOE ORAIN</u> Address: <u>4505 ARBOR WOODS BIRMINGHAM, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OUTDOOR ADVERTISING</u> Employer <u>SELF</u> Business Address <u>P.O. BOX 252755 WEST BIRMINGHAM, MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		100	600
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 68946-80
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? ☐ YES 4. Date of Receipt <u>3-12-20</u> Name: <u>SHAWN MANCINI</u> Address: <u>45704 KATHLEEN DR. MACOMB, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>38550 GARFIELD COURT TAP, MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		100.	200
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>3-12-20</u> Name: <u>MIKE MACDONALD</u> Address: <u>18890 SAN QUINTON DR. LATHROP VILLAGE, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>18890 SAN QUINTON DR. LATHROP VILLAGE, MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		400.	400.
3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt <u>3-7-20</u> Name: <u>NICK STRATTON</u> Address: <u>5007 POINTE TRAIL BLVD. PLANNING, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		100.	100.
3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt <u>2-28-20</u> Name: <u>DAVID RUBENAS</u> Address: <u>4607 BARCLAY WAY STE. 100, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>RUBENAS INC</u> Business Address <u>6471 METRO PARKWAY STE. 100, MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		200.	5000
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		800	

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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. 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? ☐ YES 4. Date of Receipt 5-22-20

Name: MATTHEW FORTER

Address: 36635 ACTION CANTON TWP., MI

5. If over \$100.00 cumulative, please provide:

Occupation ACCOUNTING Employer SELF

Business Address 36635 ACTION CANTON TWP., MI

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

200

200

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 3-13-20

Name: STAVROS TUMA

Address: 47677 MICHIGAN SHIRAZ TWP., MI

5. If over \$100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

100

100

3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 5-12-20

Name: LARRY SCOTT

Address: 4740 S. OCEAN BLVD HIGHLAND BEACH, FLA

5. If over \$100.00 cumulative, please provide:

Occupation ATTORNEY Employer O'REILLY, RANCILLO, P.C.

Business Address 12900 HALL RD

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

200

200

3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 5-12-20

Name: BARB ROSSMAN

Address: 14836 N. PARK DR SHIRAZ TWP., MI

5. If over \$100.00 cumulative, please provide:

Occupation CEO Employer KELLY FOX (MAC) INC

Business Address 15855 19 MILE CANTON TWP., MI

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

200

500

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700

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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. 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? ☐ YES 4. Date of Receipt <u>3-10-20</u> Name: <u>VITO RUCCO</u> Address: <u>14862 WORTINGTON COURT CANTON TWP, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>TOWNE</u> Employer <u>RUCCO'S</u> Business Address <u>205 N. GERRIT MT. CUMMINGS, MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		200.	1,000.
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>3-11-20</u> Name: <u>Jim Wise</u> Address: <u>15170 VICTORY STREET HUNTSVILLE, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>SELF</u> Business Address <u>37208 HUNTSVILLE CANTON TWP, MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		200	500.
3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt <u>3-12-20</u> Name: <u>RACHEL RABALAUGH</u> Address: <u>11833 ATWATER DR. STORVING HOTS, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>KICK, ADRIAN, MI</u> Business Address <u>14500 HALL RD CANTON TWP, MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		200	200.
3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt <u>3-12-20</u> Name: <u>NANCY VESPER</u> Address: <u>20445 SKIPT LAURENCE DR. CANTON TWP, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>HOUSEWIFE</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		200	400.
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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. 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? ☐ YES 4. Date of Receipt <u>3-10-20</u> Name: <u>STEVE SAPH</u> Address: <u>68 CUNTON MT. CLEMENS, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>INSURANCE</u> Employer <u>SELF</u> Business Address <u>P.O. Box 46907 MT. CLEMENS, MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		400.	1300.
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>3-23-20</u> Name: <u>JOHN BARRETTA</u> Address: <u>32851 EIFFEL CT. WARREN, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		100.	100.
3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt <u>3-12-20</u> Name: <u>PETE PEACOCK</u> Address: <u>1313 YORK TOWN GROSSE POINTE WOODS, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>18 FIRST STREET MT. CLEMENS, MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		200.	400.
3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt <u>3-13-20</u> Name: <u>TOMY PIPE</u> Address: <u>49531 COSMO CT MACOMB, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>AUTO REPAIR</u> Employer <u>SELF</u> Business Address <u>16433 ~~CAVAL~~ CANTON TWP. MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		500.	1500.
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 68946-10
2. Committee Name C.T.E. ROBERT F. CHURCH

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: <u>2-19-20</u> Name: <u>TAYLOR GARCIA</u> Address: <u>6303 26 mile WASHINGTON, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation: <u>Builder</u> Employer: <u>SELF</u> Business Address: <u>6303 26 mile STE 200 WASHINGTON, MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		200	600
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt: <u>2-24-20</u> Name: <u>JOHN R. ROLLO</u> Address: <u>18987 RIDGEMONT CT. CLINTON TWP., MI</u> 5. If over \$100.00 cumulative, please provide: Occupation: <u>ATTORNEY</u> Employer: <u>SELF</u> Business Address: <u>65 S. BROADWAY MT. CLINTON, MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		100	300
3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt: <u>2-26-20</u> Name: <u>MIKE CHIRCO</u> Address: <u>6166 WOOD BRIDGE WASHINGTON TWP, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation: <u>Builder</u> Employer: <u>SELF</u> Business Address: <u>46600 ROMEO PLANK STE 5 MACOMB, MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		200	900
3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt: <u>3-3-20</u> Name: <u>SCOTT LOCKWOOD</u> Address: <u>950 SOUTHDOWN BLOOMFIELD HILLS, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation: <u>ENGINEER</u> Employer: <u>ANDERSON ECKSTEIN</u> Business Address: <u>51301 SCHOENHEIMER SHELBY TWP, MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		400	700

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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. 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? ☐ YES 4. Date of Receipt <u>6-26-20</u> Name: <u>Jim DeZiz</u> Address: <u>63685 GODDARD TWP WEST WASHINGTON TWP. MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>MANUFACTURING</u> Employer <u>SELF</u> Business Address <u>35155 AUTOMATION CENTER TWP. MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		400.	600.
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>5-6-20</u> Name: <u>MIKE DEWITT</u> Address: <u>7910 WATERS LANSBURG, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>SUPERINTENDENT</u> Employer <u>I.S.D.</u> Business Address <u>44001 GARFIELD CENTER TWP. MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		100.	550.
3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt <u>5-7-20</u> Name: <u>JACK DOLAN</u> Address: <u>2388 HERRINGWOOD BLOOMFIELD HILLS, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>22600 HALL RD CENTER TWP. MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		250.	1,100.
3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt <u>5-7-20</u> Name: <u>TIM TOMLINSON</u> Address: <u>38772 TRILLIUM PLACE HERRISON TWP, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>YORK, DOLAN</u> Business Address <u>22600 HALL RD CENTER TWP. MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		250.	600.
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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. 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? ☐ YES 4. Date of Receipt <u>5-11-20</u> Name: <u>DOMINIC MOLCH</u> Address: <u>2540 SILVER BAY ROCKBORO HILLS, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>BOILER</u> Employer <u>SELF</u> Business Address <u>3004 UNIVERSITY DR. ANN ARBOR MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		200.	200.
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>6-2-20</u> Name: <u>ROB MUTH</u> Address: <u>19500 HALL RD CLINTON TWP., MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>KIRK, MUTH, LADGE</u> Business Address <u>19500 HALL RD CLINTON TWP., MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		100.	550.
3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt <u>6-2-20</u> Name: <u>BOB KIRK</u> Address: <u>37534 HINDEN AVE CLINTON TWP., MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>KIRK, MUTH, LADGE</u> Business Address <u>19500 HALL RD CLINTON TWP., MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		100.	900.
3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt <u>6-2-20</u> Name: <u>RACHEL BADALAMENTI</u> Address: <u>19500 HALL RD CLINTON TWP., MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>KIRK, MUTH, LADGE</u> Business Address <u>19500 HALL RD CLINTON TWP., MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		100.	300.

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

500

\$13,850.

Enter this total on
line 3 of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>PARTY CITY</u> Address <u>12220 HALL RD</u> <u>STORLING HILLS, MI</u>	Purpose <u>BALLOONS - PARTY</u>	<u>2-12-20</u> Date	<u>50.88</u>
☒ Fund Raiser	☐ Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2 Name <u>OFFICE DEPOT</u> Address <u>44835 SCHOONHOOF</u> <u>STORLING HILLS, MI</u>	Purpose <u>PRINTING</u>	<u>2-14-20</u> Date	<u>34.45</u>
☒ Fund Raiser	☐ Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3 Name <u>UPS STORE</u> Address <u>20836 HALL RD</u> <u>CLINTON TWP, MI</u>	Purpose <u>PRINTING</u>	<u>2-18-20</u> Date	<u>20.35</u>
☒ Fund Raiser	☐ Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4 Name <u>LPC GROUP</u> Address <u>P.O. Box 832</u> <u>MT. CLEMENS, MI</u>	Purpose <u>PRINTING</u>	<u>1-30-20</u> Date	<u>103.88</u>
☒ Fund Raiser	☐ Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name <u>MIRAGE</u> Address <u>16950 18 MILE</u> <u>CLINTON TWP, MI</u>	Purpose <u>HALL RENTAL</u>	<u>3-12-20</u> Date	<u>19.20</u>
☒ Fund Raiser	☐ Check box if this expenditure is payment of debt or obligation reported on previous statement		

Subtotal this page 2,129.56

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

Enter this total
on line 16 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 F. CANNON

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>MIRAGE</u> Address <u>16480 18 MILE</u> <u>CANTON TWP., MI</u>	Purpose <u>TRAVEL DEPOSIT</u>	<u>1-2-20</u> Date	<u>\$ 200.</u>
☒ Fund Raiser	☐ Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2 Name <u>SPYDER BITE</u> Address <u>4735 BOB FRANKLIN</u> <u>SILVER BAY TWP., MI</u>	Purpose <u>ALL DONE IN HOUSE</u> <u>MEDIA CONSULTANT</u>	<u>1-16-20</u> <u>2-14-20</u> Date	<u>3217.50</u> <u>\$ 199.</u>
☐ Fund Raiser	☐ Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3 Name <u>GOODMAN'S ANNUAL</u> <u>WEB HOSTING</u> Address <u>7145 E. FIRST</u> <u>SCOTTSDALE, AZ.</u>	Purpose <u>WEB POSTING</u>	<u>3-7-20</u> <u>1-24-20</u> Date	<u>20.34</u> <u>\$ 188.97</u>
☐ Fund Raiser	☐ Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4 Name <u>5X5 DESIGN LLC</u> Address <u>46653 FRANKS LN.</u> <u>SHARON TWP., MI</u> <u>4835</u>	Purpose <u>ALL DONE IN HOUSE</u> <u>MEDIA CONSULTANT</u>	<u>3-5-20</u> Date	<u>\$ 600.</u>
☐ Fund Raiser	☐ Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name <u>POST OFFICE</u> Address <u>42383 GARFIELD</u> <u>CANTON TWP., MI</u>	Purpose <u>STAMPS</u>	<u>2-18-20</u> Date	<u>\$ 165.</u>
☒ Fund Raiser	☐ Check box if this expenditure is payment of debt or obligation reported on previous statement		

Subtotal this page 3,590.83

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

Enter this total
on line 10 of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>LPC GROUP</u> Address <u>21222 CASS</u> <u>CLINTON TWP, MI</u> ☒ Fund Raiser	Purpose <u>PRINTING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4-6-20</u> Date	<u>\$ 258.64</u>
Expenditure #2 Name _____ Address _____ ☐ Fund Raiser	Purpose _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #3 Name _____ Address _____ ☐ Fund Raiser	Purpose _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name _____ Address _____ ☐ Fund Raiser	Purpose _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name _____ Address _____ ☐ Fund Raiser	Purpose _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page

258.64

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

258.64

Enter this total
on line 16 of
Summary Page

\$5,979.03



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. ROBERT F. CANNON

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 3 12 20 Month Day Year	4. Number of Individuals Attending or Participating (whichever is greater) 150	5. Type of Fund Raising Activity FOOD + BEVERAGES	6. Address and Name (If any) of the place where the activity was held MIRAGE 16480 15 MILE ☐ Private Residence Clio, Mich. 48824
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7. Total Contributions

8. Other Receipts

9. Gross Receipts (Add lines 7 and 8)

10. Total Cost of Event

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

\$ 2,753.20

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-IK), 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.