



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 68946-50		3. This Statement covers From: 7-20-20 to 8-24-20	
2. Committee Name C.T.E. ROBERT J. CANNON		4. Candidate Last Name CANNON First Name ROBERT M.I. J	
5. Committee's Mailing Address 17217 CANVASBACK CLINTON TWP., MI 48038 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.		4a. Office Sought Including District # or Community Served (If applicable) SUPERVISOR - CLINTON TOWNSHIP 4b. County of Residence MACOMB	
7. Treasurer's Business Address SAME Area Code and Phone _____		6. Treasurer's Name & Residential Address CHERYL CANNON 17217 CANVASBACK CLINTON TWP., MI 48038 Area Code & Phone 586 846 3343	
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 _____		8. Designated Record keeper's Name and Mailing Address (If the committee is a Designated Record keeper) N/A Area Code and Phone _____	
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 Type or Print Name Cheryl Cannon Signature Cheryl Cannon Date 8-24-20 Candidate ROBERT J. CANNON Type or Print Name Robert J. Cannon Signature Robert J. Cannon Date 8-24-20		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 here by 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.	

FILED
20 AUG 24 AM 11:00
MACOMB COUNTY CLERK
M. CLEMENTE, INCORPORATED



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number

68946-50

2. Committee Name

C.T.E. ROBERT J. 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.) \$	100.	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$	100.	(18.) \$ 80,100.
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	0	(19.) \$ 0
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	100.	(20.) \$ 80,100.
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	0	(21.) \$ 0
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	0	(22.) \$ 0
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	915.74	
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.) \$	915.74	(23.) \$ 33,588.35
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	0	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	0	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	0	(24.) \$ 0
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	0	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	0	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	89,526.97	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	100.	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	89,626.97	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	915.74	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	88,711.23	



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ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

68946-50

2. Committee Name

C.T.E. ROBERT F. CARRAN

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 7-30-20

Name: PAUL ILLICH

Address: 34285 62033BECK CLINTON 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 #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

3. Contribution #3 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

3. Contribution #4 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

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

100.

100.

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
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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>ITALIAN TRIBUNE</u> Address _____ ☐ Fund Raiser	Purpose <u>Ad</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-20-20</u> Date	<u>105.</u>
Expenditure #2 Name <u>CLINTONDALE H.S.</u> Address _____ ☐ Fund Raiser	Purpose <u>DOATION</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-29-20</u> Date	<u>100.</u>
Expenditure #3 Name <u>PAW GRAPHICS</u> Address <u>214 CROCKER</u> <u>MT. CLEMENS, MI</u> ☐ Fund Raiser	Purpose <u>LITERATURE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-4</u> Date	<u>710.74</u>
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 915.74
Grand Total of all Schedules 1B \$ 915.74
Complete on last page of Schedule
Enter this total
on line 16 of
Summary Page