



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: <u>8-25-20</u> to <u>10-18-20</u>	
2. Committee Name C.T.E. ROBERT J. CANNON		4. Candidate Last Name First Name M.I. CANNON ROBERT J	
5. Committee's Mailing Address 17217 CANVASBACK CLINTON TWP., MI 48038 Area Code and Phone <u>586 846 3343</u> 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 <u>MACOMB</u> 6. Treasurer's Name & Residential Address CHERYL CANNON 17217 CANVASBACK CLINTON TWP., MI 48038 Area Code & Phone <u>586 846 3343</u>	
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.)	
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.		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.	
Current Treasurer or Designated Record keeper CHERYL CANNON, Cheryl Cannon Type or Print Name Signature Date <u>10-19-20</u>		Candidate ROBERT J. CANNON, Robt Cannon Type or Print Name Signature Date <u>10-19-20</u>	

FILED
 20 OCT 23 AM 10:15
 MI. CLEMENS, MI. 48038



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

3. Contributions

a. Itemized (Schedule 1A - Column 6)

(3a.) \$ 1,700.

b. Unitemized (less than \$20.01 each - no Schedule)

(3b.) \$ NOT APPLICABLE

c. Subtotal of "Contributions"

(3c.) \$ 1,700

4. Other Receipts (Schedule 1A -1, Column 6)

(4.) \$ 576.14

5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS
(Add Line 3c + Line 4)

(5.) \$ 2,276.14

IN-KIND CONTRIBUTIONS & EXPENDITURES

6. In-Kind Contributions (Schedule 1-IK, Column 7)

(6.) \$ 0

7. In-Kind Expenditures (Schedule 1B-IK, Column 6)

(7.) \$ 0

EXPENDITURES

8. Expenditures

a. Itemized (Schedule 1B, Column 6)

(8a.) \$ 57,992.92

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.) \$ 57,992.92

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

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.) \$ 88,711.23

14. Amount received during reporting period
(Line 5, Total Contributions & Other Receipts)

(14.) + \$ 2,276.14

15. SUBTOTAL Add lines 13 and 14

(15.) = \$ 90,987.37

16. Amount expended during reporting period
(Add lines 9 and 11)

(16.) - \$ 57,992.92

17. ENDING BALANCE
(Subtract line 16 from line 15)

(17.) \$ 32,994.45

Column I
This Period

Column II
Cumulative this election cycle

(18.) \$ 81,800

(19.) \$ 576.14

(20.) \$ 82,376.14

(21.) \$ 0

(22.) \$ 0

(23.) \$ 91,581.27

(24.) \$ 0



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>9-11-20</u> Name: <u>TOM HAKIM</u> Address: <u>18250 SAWYER ST CLINTON TWP., MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>INVESTMENT BROKER</u> Employer <u>SELF</u> Business Address <u>22525 HALL RD MACOMB TWP., MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$1,000.	\$1,000
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>9-20-20</u> Name: <u>CHUCK RILEY</u> Address: <u>1211 ORCHARD RIDGE BLOOMFIELD HILLS, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>CAR DEALER</u> Employer <u>SELF</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		500.	500
3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt <u>9-29-20</u> Name: <u>BOB RANDUCCI</u> Address: <u>18708 THOMASINE CLINTON TWP., MI</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address <u>8905 ELMWOOD AVE CLINTON TWP., MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		100.	100-
3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10-9-20</u> Name: <u>VAL POLINTO</u> Address: <u>37195 TOCAHONTAS CLINTON TWP. MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>INSURANCE</u> Employer <u>SELF</u> Business Address <u>39085 MORAVIAN CLINTON TWP</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)		1700	1700

Enter this total on
line 3 of Summary
Page.



ITEMIZED OTHER RECEIPTS
SCHEDULE 1A-1

CANDIDATE COMMITTEE

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

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: <u>KIM MEITZER</u>	Date of Receipt <u>10-1-20</u>	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☒ Other (Specify) <u>PAYMENT FOR Ad</u>	\$ <u>281.14</u>
Receipt #2 Name & Address: <u>JOE ARAGONA</u> <u>42033 COULON</u> <u>CANTON TWP., MI</u>	Date of Receipt <u>10-18-20</u>	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☒ Other (Specify) <u>PAYMENT FOR Ad</u>	\$ <u>295.</u>
Receipt #3 Name & Address:	Date of Receipt	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify)	\$
Receipt #4 Name & Address:	Date of Receipt	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify)	\$
Receipt #5 Name & Address:	Date of Receipt	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify)	\$
Receipt #6 Name & Address:	Date of Receipt	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify)	\$
Receipt #7 Name & Address:	Date of Receipt	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify)	\$

Page Subtotal

576.14

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

576.14

Enter this total on
line 4 of Summary
Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 68946-50
2. Committee Name C.T.E. ROBERT J. 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 <u>P.O. Box 380407</u> <u>CLINTON TWP, MI</u> ☐ Fund Raiser	Purpose: <u>Ads</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-9-20</u> <u>8-27-20</u> Date	<u>554.</u> <u>\$ 277.</u>
Expenditure #2 Name <u>BASE COMMODITY COUNCIL</u> Address <u>P.O. Box 450064 45</u> <u>MT. CLEMENS</u> ☐ Fund Raiser	Purpose: <u>DONATION</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-2</u> Date	<u>\$ 150.</u>
Expenditure #3 Name <u>GRAPHICS EAST</u> Address <u>16005 STURGEON.</u> <u>ROSEVILLE, MI</u> ☐ Fund Raiser	Purpose: <u>Ads</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-11-20</u> <u>10-7-20</u> <u>9-21-20</u> Date	<u>19,540.20</u> <u>12,825.09</u> <u>\$ 11,438.61</u>
Expenditure #4 Name <u>PAM SCHLAFF</u> Address <u>39275 DRAKE</u> <u>CLINTON TWP, MI</u> ☐ Fund Raiser	Purpose: <u>CAMPAIGN HELP</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-5-20</u> Date	<u>\$ 250</u>
Expenditure #5 Name <u>5X5 DESIGN</u> Address <u>46653 FRANKS LN</u> <u>SHELBY TWP, MI</u> ☐ Fund Raiser	Purpose: <u>ADVERTISING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-7-20</u> Date	<u>\$ 200</u>

Subtotal this page 45,234.90 ✓

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>C + E NEWSPAPER</u> Address <u>13650 11 MILE</u> <u>WARREN, MI</u> ☐ Fund Raiser	Purpose: <u>Ads</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-10-20</u> Date	<u>\$ 12,704.70</u>
Expenditure #2 Name <u>LIZ VOGEL</u> Address <u>593 UNIVERSITY PL.</u> <u>GROSS POINT, MI</u> ☐ Fund Raiser	Purpose: <u>DONATION - SR. CTR.</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-30-20</u> Date	<u>\$ 53.32</u>
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 12,758.02
Grand Total of all Schedules 1B
(Complete on last page of Schedule) 57,992.92
Enter this total
on line 8a of
Summary Page