



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.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <p>1. Committee I.D. Number<br/><b>68946-50</b></p> <p>2. Committee Name<br/><b>C.T.E. ROBERT F. CANNON</b></p> <p>3. This Statement covers From: <b>10-19-20</b> to <b>11-23-20</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <p>4. Candidate Last Name <b>CANNON</b> First Name <b>ROBERT</b> M.I. <b>F</b></p> <p>4a. Office Sought Including District # or Community Served (If applicable)<br/><b>SUPERVISOR - CLINTON TOWNSHIP</b></p> <p>4b. County of Residence <b>MACOMB</b></p>                                                                                                                                      |  |
| <p>5. Committee's Mailing Address<br/><b>17217 CANVASBACK<br/>CLINTON TWP., MI 48038</b><br/>Area Code and Phone <b>586 846 3343</b><br/>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.</p>                                                                                                                                                                                                                                                                                                          |  | <p>6. Treasurer's Name &amp; Residential Address<br/><b>CHERYL CANNON</b><br/><b>17217 CANVASBACK</b><br/><b>CLINTON TWP., MI 48038</b><br/>Area Code &amp; Phone <b>586 846 3343</b></p>                                                                                                                                                                                                       |  |
| <p>7. Treasurer's Business Address<br/><b>SAME</b><br/>Area Code and Phone _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <p>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)<br/><b>N/A</b><br/>Area Code and Phone _____</p>                                                                                                                                                                                                                                    |  |
| <p>9. TYPE OF STATEMENT<br/>9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election<br/>Pre-Election or Post-Election Statement relates to:<br/><input type="checkbox"/> Primary<br/><input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Convention<br/><input type="checkbox"/> Special<br/><input type="checkbox"/> School<br/><input type="checkbox"/> Caucus<br/>Date of Election, Convention or Caucus<br/><b>11-3-20</b></p>                                                                                                                          |  | <p>Required ONLY if candidate is not on the ballot for the current year:<br/><input type="checkbox"/> July Quarterly<br/><input type="checkbox"/> October Quarterly<br/>9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year<br/>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)</p> |  |
| <p>9e. Dissolution of Candidate Committee<br/><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.<br/>Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.<br/>Effective date of dissolution _____<br/>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p> |  | <p>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.</p>                                                                                                                                                  |  |
| <p>Current Treasurer or Designated Record keeper <b>CHERYL CANNON</b><br/>Type or Print Name <b>Cheryl Cannon</b> Signature Date <b>11-24-20</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <p>Candidate <b>ROBERT F. CANNON</b> Signature Date <b>11-24-20</b></p>                                                                                                                                                                                                                                                                                                                         |  |

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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<br>This Period | Column II<br>Cumulative this election cycle |
|-------------------------------------------------------------------------------------------------|-------------------------|---------------------------------------------|
| <b>3. Contributions</b>                                                                         |                         |                                             |
| a. Itemized (Schedule 1A - Column 6)                                                            | (2a.) \$ 1,100.         |                                             |
| b. Unitemized (less than \$20.01 each - no Schedule)                                            | (2b.) \$ NOT APPLICABLE |                                             |
| c. Subtotal of "Contributions"                                                                  | (2c.) \$ 1,100.         | (18.) \$ <del>82,376.14</del><br>82,900     |
| 4. Other Receipts (Schedule 1A -1, Column 6)                                                    | (4.) \$ -               | (19.) \$ 576.14                             |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS<br>(Add Line 2c + Line 4)                             | (5.) \$ 1,100           | (20.) \$ 83,476.14                          |
| <b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>                                                 |                         |                                             |
| 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                                  |
| <b>EXPENDITURES</b>                                                                             |                         |                                             |
| <b>8. Expenditures</b>                                                                          |                         |                                             |
| a. Itemized (Schedule 1B, Column 6)                                                             | (8a.) \$ 3,265.         |                                             |
| 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.) \$ 3,265           | (23.) \$ 91,581.27<br>3,265<br>94,846.27    |
| <b>INCIDENTAL EXPENSE DISBURSEMENTS<br/>(Officeholders Only)</b>                                |                         |                                             |
| <b>10. Disbursements</b>                                                                        |                         |                                             |
| a. Itemized (Schedule 1C, Column 6)                                                             | (10a.) \$ 0             |                                             |
| b. Unitemized (less than \$50.01 each - no Schedule)                                            | (10b.) \$ 0             |                                             |
| 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS<br>(Add Line 10a + Line 10b)                         | (11.) \$ 0              | (24.) \$ 0                                  |
| <b>DEBTS AND OBLIGATIONS</b>                                                                    |                         |                                             |
| <b>12. Debts and Obligations</b>                                                                |                         |                                             |
| a. Owed by the Committee (Schedule 1E)                                                          | (12a.) \$ 0             |                                             |
| b. Owed to the Committee (Schedule 1E)                                                          | (12b.) \$ 0             |                                             |
| <b>BALANCE STATEMENT</b>                                                                        |                         |                                             |
| 13. Ending Balance of last report filed<br>(Enter zero if no previous reports have been filed.) | (13.) \$ 32,994.45      |                                             |
| 14. Amount received during reporting period<br>(Line 5, Total Contributions & Other Receipts)   | (14.) + \$ 1,100.       |                                             |
| 15. SUBTOTAL Add lines 13 and 14                                                                | (15.) = \$ 34,094.45    |                                             |
| 16. Amount expended during reporting period<br>(Add lines 9 and 11)                             | (16.) - \$ 3,265.       |                                             |
| 17. ENDING BALANCE<br>(Subtract line 16 from line 15)                                           | (17.) \$ 30,829.45.     |                                             |



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? <input type="checkbox"/> YES 4. Date of Receipt <u>10-15-20</u><br>Name: <u>WAYNE WEBER</u><br>Address: <u>44710 MOORE CANTON TWP., MI</u><br>5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer <u>SELF</u><br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                    |  | \$ 1,000. | 5,000.                                                                          |
| 3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-29-20</u><br>Name: <u>GREG BOSS</u><br>Address: <u>38133 WOODCREST CANTON TWP., MI</u><br>5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ATTORNEY</u> Employer <u>SELF</u><br>Business Address <u>12900 HAZEL RD CANTON TWP., MI</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |  | 100.      | 400.                                                                            |
| 3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____<br>Name: _____<br>Address: _____<br>5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address <u>12</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                                                   |  |           |                                                                                 |
| 3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____<br>Name: _____<br>Address: _____<br>5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                                                       |  |           |                                                                                 |
| Page Subtotal<br>Grand Total of All Schedules 1A<br>(Complete on last page of Schedule)                                                                                                                                                                                                                                                                                                                                                                                                           |  | 1,100.    | 1,100.                                                                          |

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        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------|
| <b>Expenditure #1</b><br>Name <u>PAW GRAPHICS</u><br>Address <u>214 CRACKER</u><br><u>MT. CLEMENS, MI</u><br><input type="checkbox"/> Fund Raiser                        | Purpose: <u>DESIGNER</u><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement      | <u>10-31-20</u><br>Date | <u>\$ 2,957.</u> |
| <b>Expenditure #2</b><br>Name <u>SXS DESIGN LLC</u><br>Address <u>46653 FRANKS LN</u><br><u>SHELBY TWP., MI</u><br><input type="checkbox"/> Fund Raiser                  | Purpose: <u>WEB MAINTANCE</u><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>11-2-20</u><br>Date  | <u>\$ 200.</u>   |
| <b>Expenditure #3</b><br>Name <u>CUNYON TOWNSHIP</u><br><u>OPRIMISTS</u><br>Address <u>51 LODGEWAY</u><br><u>MT. CLEMENS, MI</u><br><input type="checkbox"/> Fund Raiser | Purpose: <u>DONATION</u><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement      | <u>11-22-20</u><br>Date | <u>108</u>       |
| <b>Expenditure #4</b><br>Name _____<br>Address _____<br><input type="checkbox"/> Fund Raiser                                                                             | Purpose: _____<br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                | _____<br>Date           | \$ _____         |
| <b>Expenditure #5</b><br>Name _____<br>Address _____<br><input type="checkbox"/> Fund Raiser                                                                             | Purpose: _____<br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                | _____<br>Date           | \$ _____         |

Subtotal this page

3,265.

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

3,265.

Enter this total  
on line 8a of  
Summary Page