



**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: 04/24/24 to 07/21/24

1. Committee I.D. Number 140431	4. Candidate Last Name Cannon First Name Noah M.I. J
2. Committee Name CTE NOAH CANNON FOR SUPERVISOR	4a. Office Sought including District # or Community Served (If applicable) Supervisor - Clinton Township
	4b. County of Residence MACOMB

5. Committee's Mailing Address 15362 Cornell Drive Clinton Twp, MI 48038 Area Code and Phone (586) 921-4391 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 Jason Cannon 40516 Passmore Drive Clinton Twp, MI 48038 Area Code & Phone (586) 610-7761
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7. Treasurer's Business Address Area Code and Phone _____	8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) Area Code and Phone _____
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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 <u>08/06/2024</u>	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 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.
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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 Jason Cannon Type or Print Name	 Signature	Date <u>7/26/24</u>
Candidate Noah J. Cannon Type or Print Name	 Signature	Date <u>7-24-24</u>



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140431

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE NOAH CANNON FOR SUPERVISOR

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>900.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>900.00</u>	(18.) \$ <u>900.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>—</u>	(19.) \$ <u>—</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>900.00</u>	(20.) \$ <u>900.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>—</u>	(21.) \$ <u>—</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>—</u>	(22.) \$ <u>—</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>654.99</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>654.99</u>	(23.) \$ <u>654.99</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>—</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>—</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>900.00</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>0</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>900.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>900.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>654.99</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>245.01</u>	



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140431
2. Committee Name CTE Noah Cannon for Supervisor

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? ☐ YES 4. Date of Receipt <u>4/24/24</u> Name & Address: <u>Noah J. Cannon</u> <u>15362 Cornell Dr.</u> <u>Clinton Twp, MI 48038</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Candidate</u> Employer <u>Self</u> Business Address _____ Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser		<u>\$ 150.00</u>	<u>\$ 150.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>6/25/24</u> Name & Address: <u>Noah J. Cannon</u> <u>15362 Cornell Dr.</u> <u>Clinton Twp, MI 48038</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Candidate</u> Employer <u>Self</u> Business Address _____ Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser		<u>\$ 750.00</u>	<u>\$ 900.00</u>
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		<u>\$ _____</u>	<u>\$ _____</u>
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		<u>\$ _____</u>	<u>\$ _____</u>

Page Subtotal \$900.00

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

\$900.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140431
2. Committee Name CTE NOAH CANNON FOR SUPERVISOR

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name: <u>Campaign Partner</u> Address: <u>118 Still River Rd. Harvard MA, 01451</u> ☐ Fund Raiser	Purpose: <u>Website</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/10/24</u> Date	\$ <u>29.00</u>
Expenditure #2 Name: <u>Signs On The Cheap</u> Address: <u>11525A Stone Hollow Dr. Austin, TX 78758</u> ☐ Fund Raiser	Purpose: <u>Yard Signs</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/27/24</u> Date	\$ <u>440.99</u>
Expenditure #3 Name: <u>Campaign Partner</u> Address: <u>118 Still River Rd. Harvard, MA, 01451</u> ☐ Fund Raiser	Purpose: <u>Website</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/8/24</u> Date	\$ <u>29.00</u>
Expenditure #4 Name: <u>Bill Betz</u> Address: <u>40207 Moravian Dr Clinton Twp, MI 48038</u> ☐ Fund Raiser	Purpose: <u>Yard Signs</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/29/24</u> Date	\$ <u>156.00</u>
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 654.99
Grand Total of all Schedules 1B (Complete on last page of Schedule) 654.99

Enter this total on line 8a of Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140431
2. Committee Name NOAH CANNON for SUPERVISOR

This Schedule itemizes:

a. ☐ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: NOAH CANNON 15362 CORNELL DR CLINTON TWP. MI 48038	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>4-24-24</u> 6. <u>Original Amount of Debt:</u> \$ <u>150</u>	\$ \$ \$ \$ \$	\$ <u>0</u>	\$ <u>150.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Corp? ☐ Yes Owed to or by: NOAH CANNON 15362 CORNELL DR CLINTON TWP MI 48038	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>6/25/24</u> 6. <u>Original Amount of Debt:</u> \$ <u>750</u>	\$ \$ \$ \$ \$	\$ <u>0</u>	\$ <u>750.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt)

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total
on line 12a "owed
by" or line 12b
"owed to" of the
Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.