



ORIGINAL OR AMENDED

STATEMENT OF ORGANIZATION FORM FOR CANDIDATE COMMITTEES

1. Committee ID #: 150393

2. Type of Filing:  
 Original  
 Amendment to Items: 10 Eff. Date: 12/8/11

3. Full Name of Committee (must include Candidate's first and last name): COMM TO ELECT CHRISTOPHER J. SHANNON

4a. Candidate Full Name (Last, First, M.I.):

4b. Political Party (if applicable):

4c. County of Residence:

4d. Office Sought (Check one):

<input type="checkbox"/> Governor	<input type="checkbox"/> Lt. Governor	<input type="checkbox"/> State Senator
<input type="checkbox"/> State Rep.	<input type="checkbox"/> Sec. of State	<input type="checkbox"/> Attorney Gen.
<input type="checkbox"/> State Bd. of Ed.	<input type="checkbox"/> UofM Reg.	<input type="checkbox"/> MSU Trustee
<input type="checkbox"/> WSU Gov.	<input type="checkbox"/> Supreme Court	<input type="checkbox"/> Appeals Court
<input type="checkbox"/> Circuit Court	<input type="checkbox"/> District Court	<input type="checkbox"/> Probate Court
<input type="checkbox"/> Municipal Court		

Local or other please specify:

4e. District/Circuit # or Jurisdiction:

5. Date Committee was Formed: \_\_\_\_\_

6a. Committee Phone #: \_\_\_\_\_

6b. Committee Fax #: \_\_\_\_\_

6c. Committee E-mail Address: \_\_\_\_\_

6d. Committee Website Address: \_\_\_\_\_

7a. Complete Comm. Mailing Address (May be PO Box):

7b. Complete Comm. Street Address (May not be PO Box):

8. Treasurer Name and Complete Address:

Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

9. Designated Record Keeper Name and Complete Address:

Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

10.  REPORTING WAIVER REQUEST: If the committee does not expect to receive or expend in excess of \$1,000 in an election and checks this box, the filing requirement of pre, post and annual campaign statements is waived. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold.

11. Name and Address of Depositories or Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loan Association)

a. Official Depository

b. Secondary Depository

12.  This item applies only to Gubernatorial Candidate Committees: Check if this committee intends to seek qualifying contributions or make qualifying expenditures.

13. ELECTRONIC FILING: This item applies to committees that file with the Michigan Department of State Bureau of Elections only and does not apply to Candidate Committees that file with the County Clerk's office.

The Campaign Finance Act requires any committee that files with the Secretary of State and spends or receives \$20,000 in the preceding calendar year OR expects to spend or receive \$20,000 in the current calendar year to file campaign statements electronically. MERTS Plus software is provided to you free of charge to assist you in meeting this requirement.

Committee spent or received or expects to spend or receive in excess of \$20,000 and is required to file electronically.

\*\* OR \*\*

Committee did not spend or receive or does not expect to spend or receive in excess of \$20,000 and would like to file electronically voluntarily.

14. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or belief. If filing electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and completeness of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Name and Date)

[Signature] ..... 12/8/11  
Candidate

[Signature] ..... 12/8/11  
Current Treasurer

.....  
Designated Record Keeper (Required only if filing electronically)



Rec'd.  
12/8/11  
@ 4:30 P.M.  
SW

**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: 10/24/2011 to 11/28/2011

1. Committee I.D. Number 150393  
2. Committee Name  
Committee to Elect Christopher J. Shannon

4. Candidate Last Name Shannon First Name Christopher M.I. J.  
4a. Office Sought Including District # or Community Served (if applicable)  
City of Bay City Mayor  
4b. County of Residence Bay

5. Committee's Mailing Address  
2215 Canoll  
Bay City, MI 48708  
Area Code and Phone \_\_\_\_\_  
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  
Same as above  
Area Code & Phone \_\_\_\_\_

7. Treasurer's Business Address  
Same as above  
Area Code and Phone 989-280-2430

8. Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper)  
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  School  
 Special  Caucus  
Date of Election, Convention or Caucus  
Nov. 8, 2011

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  
Effective Date of Dissolution  
\_\_\_\_\_  
By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.  
Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

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 Christopher J. Shannon Signature [Signature] Date Dec. 8, 2011  
Candidate Christopher J. Shannon Signature [Signature] Date Dec. 8, 2011

X



**SUMMARY PAGE  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150393

2. Committee Name Comm. to Elect Christopher Shawan

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>-</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>-</u>	(18.) \$ <u>                    </u>
<b>4. Other Receipts (Schedule 1A -1, Column 6)</b>	(4.) \$ <u>-</u>	(19.) \$ <u>                    </u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>-</u>	(20.) \$ <u>                    </u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
<b>6. In-Kind Contributions (Schedule 1-IK, Column 7)</b>	(6.) \$ <u>-</u>	(21.) \$ <u>                    </u>
<b>7. In-Kind Expenditures (Schedule 1B-IK, Column 6)</b>	(7.) \$ <u>-</u>	(22.) \$ <u>                    </u>
<b>EXPENDITURES</b>		
<b>8. Expenditures</b>		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>316.24</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>	
<b>9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)</b>	(9.) \$ <u>316.24</u>	(23.) \$ <u>                    </u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)</b>		
<b>10. Disbursements</b>		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>-</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>-</u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ <u>-</u>	(24.) \$ <u>                    </u>
<b>DEBTS AND OBLIGATIONS</b>		
<b>12. Debts and Obligations</b>		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>-</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>-</u>	
<b>BALANCE STATEMENT</b>		
<b>13. Ending Balance of last report filed</b> (Enter zero if no previous reports have been filed.)	(13.) \$ <u>881.23</u>	
<b>14. Amount received during reporting period</b> (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>-</u>	
<b>15. SUBTOTAL Add lines 13 and 14</b>	(15.) = \$ <u>881.23</u>	
<b>16. Amount expended during reporting period</b> (Add lines 9 and 11)	(16.) - \$ <u>316.24</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>564.99</u>	



ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

1. Committee I. D. Number

150393

2. Committee Name

Comm. to Elect Chris S. ...

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Speedway</u> Address <u>Saginaw MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Fuel for dist. of campaign materials</u> <small>Click Here for Memo Itemization Type</small> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11-2-11</u> Date	<u>\$ 80.02</u>
Expenditure #2 Name <u>Mzotehan</u> Address <u>Bay City, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Fuel for dist. of campaign materials</u> <small>Click Here for Memo Itemization Type</small> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11-03-11</u> Date	<u>\$ 30.01</u>
Expenditure #3 Name <u>Pizza Hut</u> Address <u>Bay City, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>lunch for volunteers</u> <small>Click Here for Memo Itemization Type</small> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11-7-11</u> Date	<u>\$ 90.00</u>
Expenditure #4 Name <u>Mzotehan</u> Address <u>Bay City, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Fuel for dist. of campaign materials</u> <small>Click Here for Memo Itemization Type</small> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11-8-11</u> Date	<del>\$ 51.21</del> <u>51.21</u>
Expenditure #5 Name <u>Jaxxs Snack</u> Address <u>Bay City, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Fuel for dist. of campaign materials</u> <small>Click Here for Memo Itemization Type</small> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11-10-11</u> Date	<u>\$ 40.00</u>

Subtotal this page

291.24

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 \_\_\_\_\_

2. Committee Name \_\_\_\_\_

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Matt Zetter</u> Address <u>Bay City, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Fuel for dist. of Campaign materials</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11-14-11</u> Date	<u>\$ 25.00</u>
Expenditure #2 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #3 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page 25.00

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

Enter this total on line 8a of Summary Page



**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 150393

2. Committee Name  
Committee to Elect Christopher J. Shannon

5. Committee's Mailing Address  
2215 Carroll  
Bay City, MI 48708

Area Code and Phone (989) 280-2430  
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.

7. Treasurer's Business Address  
same as above

Area Code and Phone \_\_\_\_\_

3. This Statement covers From: May 2011 to Oct. 23, 2011

4. Candidate Last Name SHANNON First Name CHRISTOPHER M.I. J.

4a. Office Sought Including District # or Community Served (If applicable)  
CITY OF BAY CITY MAYOR

4b. County of Residence BAY

6. Treasurer's Name & Residential Address  
same as above

Area Code & Phone \_\_\_\_\_

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)  
\_\_\_\_\_  
Area Code and Phone \_\_\_\_\_

FILED OCT 23 4 34 PM '11  
BAY COUNTY CLERK  
COURT HOUSE  
BAY CITY, MI

9. TYPE OF STATEMENT

9a.  Pre-Election OR 9b.  Post-Election

Pre-Election or Post-Election Statement relates to:

Primary  General  
 Convention  School  
 Special  Caucus

Date of Election, Convention or Caucus  
November 8, 2011

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

Effective Date of Dissolution  
\_\_\_\_\_

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

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 Christopher J. Shannon Date 10/28/2011  
Type or Print Name Signature

Candidate Christopher J. Shannon Date 10/28/2011  
Type or Print Name Signature



1. Committee I.D. Number \_\_\_\_\_

2. Committee Name \_\_\_\_\_

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>2060.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ _____	(18.) \$ _____
<b>4. Other Receipts (Schedule 1A -1, Column 6)</b>	(4.) \$ _____	(19.) \$ _____
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>2060.00</u>	(20.) \$ _____
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
<b>6. In-Kind Contributions (Schedule 1-IK, Column 7)</b>	(6.) \$ <u>0.00</u>	(21.) \$ _____
<b>7. In-Kind Expenditures (Schedule 1B-IK, Column 6)</b>	(7.) \$ <u>0.00</u>	(22.) \$ _____
<b>EXPENDITURES</b>		
<b>8. Expenditures</b>		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>1178.81</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
<b>9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)</b>	(9.) \$ <u>1178.81</u>	(23.) \$ _____
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
<b>10. Disbursements</b>		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ _____
<b>DEBTS AND OBLIGATIONS</b>		
<b>12. Debts and Obligations</b>		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
<b>BALANCE STATEMENT</b>		
<b>13. Ending Balance of last report filed</b> (Enter zero if no previous reports have been filed.)	(13.) \$ <u>0.00</u>	
<b>14. Amount received during reporting period</b> (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>2060.00</u>	
<b>15. SUBTOTAL Add lines 13 and 14</b>	(15.) = \$ <u>2060.00</u>	
<b>16. Amount expended during reporting period</b> (Add lines 9 and 11)	(16.) - \$ <u>1178.81</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>881.19</u>	



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150793  
2. Committee Name Run for Elect Christopher Shannon

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? <input type="checkbox"/> YES	4. Date of Receipt <u>9-15-2011</u>	
Name & Address: <u>Mike Rivard</u> <u>840 N. Garfield Rd. Kankakee MI</u>		\$ <u>25.00</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>9-15-11</u>	
Name & Address: <u>Jeff Sawyer</u> <u>341 S. Walnut - Bay City MI 48706</u>		\$ <u>20.00</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>9-15-11</u>	
Name & Address: <u>Don Hamel</u> <u>321 W. Binney Bay City MI 48708</u>		\$ <u>200.00</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>IT</u> Employer <u>self employed</u>		Click Here for Memo Itemization	
Business Address _____			
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 <u>9-15-11</u>	
Name & Address: <u>Aaron Bayliss</u> <u>1332 S. Finn Manger MI</u>		\$ <u>10.00</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal

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

255.00

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150393  
2. Committee Name Committee to Elect Christopher Shannon

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 regardless of amount.

3. Contribution # 1 PAC Receipt?  YES 4. Date of Receipt 9-15-11  
Name & Address:  
Dan Pletzke  
1067 Shady Shore Bay City 48706  
6. Amount \$ 100.00  
7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ \_\_\_\_\_  
5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #2 PAC Receipt?  YES 4. Date of Receipt 9-15-11  
Name & Address:  
Mark Duncan  
414 Gies Bay City MI 48706  
6. Amount \$ 80.00  
7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ \_\_\_\_\_  
5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #3 PAC Receipt?  YES 4. Date of Receipt 9-15-11  
Name & Address:  
Don Sabourin  
1812 Center Bay City MI 48708  
6. Amount \$ 60.00  
7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ \_\_\_\_\_  
5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #4 PAC Receipt?  YES 4. Date of Receipt 9-15-11  
Name & Address:  
Marvin Wood  
~~930 Wagner~~ 2030 E. Salzburg Rd Bay City  
6. Amount \$ 50.00  
7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ \_\_\_\_\_  
5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization  
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)

290.00

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150393  
2. Committee Name Common to Elect Christopher Shannon

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 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>9.15.11</u> Name & Address: <u>Claire Gregory</u> <u>701 Grant Bay City MI 48703</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>25.00</u>	Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9.15.11</u> Name & Address: <u>Matt Lance</u> <u>306 Johnson Bay City MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>40.00</u>	Click Here for Memo Itemization
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9.15.11</u> Name & Address: <u>John Barbs</u> <u>2095 N. Jefferson Midland 48642</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>150.00</u>	Click Here for Memo Itemization
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9.15.11</u> Name & Address: <u>Mike Coker</u> <u>1500 E. Blackhawk Mayville MI 48744</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	Click Here for Memo Itemization

Page Subtotal

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

315.00

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150393  
2. Committee Name Run to Elect Christopher Shannon

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 regardless of amount.

3. Contribution #1 PAC Receipt?  YES 4. Date of Receipt Sept. 15, 2011  
Name & Address: William Washibough  
420 R. Com 2 Bay City MI 48706 \$ 100.00 \$ \_\_\_\_\_  
5. If over \$100.00 cumulative, please provide: \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt?  YES 4. Date of Receipt 9-15-11  
Name & Address: James Washibough  
5914 4-Mile Bay City MI 48706 \$ 100.00 \$ \_\_\_\_\_  
5. If over \$100.00 cumulative, please provide: \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #3 PAC Receipt?  YES 4. Date of Receipt 9-15-11  
Name & Address: Kurt Legner  
308 S. Hampton Bay City MI 48708 \$ 50.00 \$ \_\_\_\_\_  
5. If over \$100.00 cumulative, please provide: \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #4 PAC Receipt?  YES 4. Date of Receipt 9-15-11  
Name & Address: Sue Claverhant  
306 5th St. Bay City MI 48708 \$ 25.00 \$ \_\_\_\_\_  
5. If over \$100.00 cumulative, please provide: \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

[Click Here for Memo Itemization](#)

Page Subtotal

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

275.00

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150343  
2. Committee Name Common to Elect Christopher Shannon

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 Name & Address: <u>Mike Kinsella</u> <u>105 Germania Bay City MI 48706</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>Oct 21, 2011</u>	\$ <u>100.00</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>self</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: <u>Ed Czuprynski</u> <u>814 N. Monroe St. Bay City MI 48706</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____	\$ <u>100.00</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: <u>Steve Walczak</u> <u>101 Jeanison Pl. Bay City MI 48706</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____	\$ <u>100.00</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address:	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____	\$ _____	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

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

300.00

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150393  
2. Committee Name Donum to Elect Christopher Shannon

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 regardless of amount.

3. Contribution #1 PAC Receipt?  YES 4. Date of Receipt 10.11.11  
Name & Address: Mike Wesley  
1811 Center Ave Bay City 48708 6. Amount \$ 100.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ \_\_\_\_\_  
5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #2 PAC Receipt?  YES 4. Date of Receipt 10.11.11  
Name & Address: Hot Dole  
204 S. Arbor  
Bay City MI 48706 6. Amount \$ 100.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ \_\_\_\_\_  
5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #3 PAC Receipt?  YES 4. Date of Receipt 10.11.11  
Name & Address: Gary Hadden  
901 5th St. Bay City 48708 6. Amount \$ 50.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ \_\_\_\_\_  
5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #4 PAC Receipt?  YES 4. Date of Receipt 10.11.11  
Name & Address: Jeff Sawyer  
341 S. Walnut Bay City MI 48706 6. Amount \$ 100.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ \_\_\_\_\_  
5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization  
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) 350.00

Enter this total on line 3a of Summary Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150393  
2. Committee Name Converge to Elect Christopher Shanna

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? <input type="checkbox"/> YES 4. Date of Receipt <u>10-11-11</u> Name & Address: <u>Vaughn Begick</u> <u>5353 Lorvalet Bay City 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-11-11</u> Name & Address: <u>Joe Davis</u> <u>909 N. Wenouch Bay City 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>25.00</u>	Click Here for Memo Itemization
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-11-11</u> Name & Address: <u>Soel Cowan</u> <u>241 Dunbar Beach Bay City 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	Click Here for Memo Itemization
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-11-11</u> Name & Address: <u>Robert Bloente</u> <u>1111 N Water St Bay City MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	Click Here for Memo Itemization

Page Subtotal

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

275.00

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 190393

2. Committee Name Comm to Elect Christopher Shannon

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>City of Bay City</u> Address <u>301 Washington Ave Bay City MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Voter list</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-29-11</u> Date	<u>\$ 232.77</u>
Expenditure #2 Name <u>Summit Printing</u> Address <u>205 Fourth St Bay City MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-10-11</u> Date	<u>\$ 37.31</u>
Expenditure #3 Name <u>woodside Hardware</u> Address <u>86 Woodside Ave Essenville MI 48732</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Stapler</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-30-11</u> Date	<u>\$ 23.<sup>30</sup></u>
Expenditure #4 Name <u>Service Sign</u> Address <u>1605 Broadway Bay City 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-26-11</u> Date	<u>\$ 275.<sup>00</sup></u>
Expenditure #5 Name <u>Summit Printing</u> Address <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-14-11</u> Date	<u>\$ 389.<sup>55</sup></u>

Subtotal this page

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

957.93

Enter this total  
on line 8a of  
Summary Page



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150393

2. Committee Name Common to Elect Christopher Shannon

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>PAX Food stores</u> Address <u>2024 Center Ave B27 City 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Fuel cost</u> <u>Sign Placement</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-22-11</u> Date	\$ <u>25.00</u>
Expenditure #2 Name <u>Wilder Rd. Mini Market</u> Address <u>3875 Wilder Rd B27 City 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Fuel cost</u> <u>Sign Placement</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-11-11</u> Date	\$ <u>45.00</u>
Expenditure #3 Name <u>Rebel Food store</u> Address <u>2850 Essexville 48732</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Fuel cost</u> <u>Sign Placement</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-27-11</u> Date	\$ <u>50.87</u>
Expenditure #4 Name <u>Review Magazine</u> Address <u>1318 S. Hamilton St Saginaw MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Advertisement</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-21-11</u> Date	\$ <u>100.00</u>
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page

220.88

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

1178.81

Enter this total  
on line 8a of  
Summary Page



**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150393

2. Committee Name Comm to Elect Christopher Shanna

**- USE A SEPARATE SHEET FOR EACH EVENT -**

3. Date Event Was Held  <u>10/11/2011</u>	4. Number of Individuals Attending or Participating (whichever is greater)  <u>35</u>	5. Type of Fund Raising Activity  <u>Cocktail Party</u>	6. Address and Name (If any) of the place where the activity was held. <u>Webster House</u> <u>900 5th St</u> <u>Bay City 49708</u> <input type="checkbox"/> Private Residence
---	---	---	--

7. Total Contributions \$ 625.00

8. Other Receipts 0.00

9. Gross Receipts (Add lines 7 and 8) 0.00

10. Total Cost of Event \$ 300.00  
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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.



**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150393  
2. Committee Name Commit to Elect Christopher Shan

**- USE A SEPARATE SHEET FOR EACH EVENT -**

3. Date Event Was Held <u>9/15/2011</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>45</u>	5. Type of Fund Raising Activity <u>SOCIAL HOUR AT LOCAL RESTAURANT</u>	6. Address and Name (if any) of the place where the activity was held. <u>Old City Hall 814 Saginaw St. Bay City, MI</u> <input type="checkbox"/> Private Residence
--	---	--	---

7. Total Contributions \$1135.00  
8. Other Receipts 0.00  
9. Gross Receipts (Add lines 7 and 8) 0.00  
10. Total Cost of Event \$243.00  
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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.



ORIGINAL OR AMENDED

STATEMENT OF ORGANIZATION FORM FOR CANDIDATE COMMITTEES

1. Committee ID #: 150393

2. Type of Filing:

Original

Amendment to Items: 4d, 6c, 8, 10 Eff. Date: 9/9/11

3. Full Name of Committee (must include Candidate's first and last name): Committee to Elect Christopher J Shannon

4a. Candidate Full Name (Last, First, M.I.): Christopher J. Shannon

4b. Political Party (if applicable):

4c. County of Residence: Bay

4d. Office Sought (Check one):

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Governor         | <input type="checkbox"/> Lt. Governor   | <input type="checkbox"/> State Senator |
| <input type="checkbox"/> State Rep.       | <input type="checkbox"/> Sec. of State  | <input type="checkbox"/> Attorney Gen. |
| <input type="checkbox"/> State Bd. of Ed. | <input type="checkbox"/> UofM Reg.      | <input type="checkbox"/> MSU Trustee   |
| <input type="checkbox"/> WSU Gov.         | <input type="checkbox"/> Supreme Court  | <input type="checkbox"/> Appeals Court |
| <input type="checkbox"/> Circuit Court    | <input type="checkbox"/> District Court | <input type="checkbox"/> Probate Court |
| <input type="checkbox"/> Municipal Court  |   |  |

Local or other please specify: Mayor, City of Bay City

5. Date Committee was Formed: 6/20/2005

6a. Committee Phone #: 989-280-2430

6b. Committee Fax #:

6c. Committee E-mail Address: cshannonbay@gmail.com

6d. Committee Website Address:

7a. Complete Comm. Mailing Address (May be PO Box):

same

7b. Complete Comm. Street Address (May not be PO Box):

same

8. Treasurer Name and Complete Address:

Christopher J. Shannon  
same address

Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

9. Designated Record Keeper Name and Complete Address:

Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

10.  REPORTING WAIVER REQUEST: If the committee does not expect to receive or expend in excess of \$1,000 in an election and checks this box, the filing requirement of pre, post and annual campaign statements is waived. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold.

11. Name and Address of Depositories or Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loan Association)

a. Official Depository

Thumb National Bank

Bank account title: Christopher J Shannon, Committee to Elect

b. Secondary Depository

12.  This item applies only to Gubernatorial Candidate Committees: Check if this committee intends to seek qualifying contributions or make qualifying expenditures.

13. ELECTRONIC FILING: This item applies to committees that file with the Michigan Department of State Bureau of Elections only and does not apply to Candidate Committees that file with the County Clerk's office.

The Campaign Finance Act requires any committee that files with the Secretary of State and spends or receives \$20,000 in the preceding calendar year OR expects to spend or receive \$20,000 in the current calendar year to file campaign statements electronically. MERTS Plus software is provided to you free of charge to assist you in meeting this requirement.

Committee spent or received or expects to spend or receive in excess of \$20,000 and is required to file electronically.

\*\* OR \*\*

Committee did not spend or receive or does not expect to spend or receive in excess of \$20,000 and would like to file electronically voluntarily.

14. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or belief. If filing electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and completeness of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Name and Date)

[Signature] 9/9/11  
Candidate

[Signature] 9/9/11  
Current Treasurer

\_\_\_\_\_  
Designated Record Keeper (Required only if filing electronically)



ORIGINAL OR AMENDED  
STATEMENT OF ORGANIZATION FORM FOR CANDIDATE COMMITTEES

1. Committee ID #: 150393

2. Type of Filing:  
 Original  
 Amendment to Items: \_\_\_\_\_ Eff. Date: 1/1

3. Full Name of Committee:  
Committee to Elect Christopher Shannon

4a. Candidate Full Name (Last, First, M.I.):  
Shannon, Christopher, J.

4b. Political Party (if applicable):  
Independent

4c. County of Residence:  
Bay County

4d. Office Sought (Check one):  
 Governor       Lt. Governor       State Senator  
 State Rep.       Sec. of State       Attorney Gen.  
 State Bd. of Ed.       UofM Reg.       MSU Trustee  
 WSU Gov.       Supreme Court       Appeals Court  
 Circuit Court       District Court       Probate Court  
 Local or other please specify: City Commissioner

4e. District/Circuit # or Jurisdiction: 1st dist.

5. Date Committee was Formed: 6/20/2005

6a. Committee Phone #: ( ) 909-280-2430

6b. Committee Fax #: ( ) \_\_\_\_\_

6c. Committee E-mail Address: Cshannon10 Charter internet.com

7a. Complete Comm. Mailing Address (May be PO Box):  
2215 Carroll Rd.  
 Bay City, MI 48708

7b. Complete Comm. Street Address (May not be PO Box):  
Elise Shannon  
 2215 Carroll Rd. Bay City, MI 48708

8. Treasurer Name and Complete Address:  
Elise Shannon  
 2215 Carroll Rd. Bay City, MI 48708  
 Phone #: (909) 894-0114  
 E-mail Address: Elise.Shannon@hotmail.com

9. Designated Record Keeper Name and Complete Address:  
Same as Treasurer  
 Phone #: ( ) \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_

11. Name and Address of Depositories or Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loan Association)  
 a. Official Depository  
Trust National Bank  
 b. Secondary Depository

12.  This item applies only to **Gubernatorial Candidate Committees**: Check if this committee intends to seek qualifying contributions or make qualifying expenditures.

13. **MERTS PLUS**: This item applies to committees that file with the Michigan Department of State Bureau of Elections only and does not apply to candidates that file with the County Clerk's office.  
 The Campaign Finance Act requires any committee that files with the Secretary of State and spends or receives \$20,000 in the preceding calendar year OR expects to receive or spend \$20,000 in the current calendar year to file campaign statements electronically. Merts Plus software is provided to you free of charge to assist you in meeting this requirement.  
 Committee spent or received or expects to spend or receive in excess of \$20,000 and is required to file electronically.  
 \*\* OR \*\*  
 Committee did not spend or receive or does not expect to spend or receive in excess of \$20,000 and would like to file electronically voluntarily.

14. **Verification**: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or belief. If filing electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and completeness of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Name and Date)  
 Candidate: [Signature] 11/20/09  
 Current Treasurer: \_\_\_\_\_  
 Designated Record Keeper (Required only if filing electronically): \_\_\_\_\_

10.  **REPORTING WAIVER REQUEST**: If the committee does not expect to receive or expend in excess of \$1,000 in an election and checks this box; the filing requirement of pre, post and annual campaign statements is waived. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold.

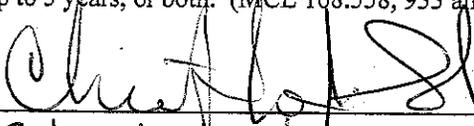
-- POST-ELECTION CAMPAIGN FINANCE COMPLIANCE STATEMENT --

- This form must be filed by any candidate subject to Michigan's Campaign Finance Act who is elected to a state, county, city, township, village or school office. The form must be filed *before* the candidate assumes office. Exceptions: an elected candidate whose Candidate Committee did not receive or expend more than \$1,000.00 during the election cycle is *not* required to submit this form. In addition, this form does not have to be filed by an individual elected to a U.S. Senate, U.S. House or precinct delegate position.
- An elected candidate who is required to file a Post-Election Campaign Finance Compliance Statement must submit this form to the filing official designated to receive the elected candidate's campaign finance disclosure filings.
- An elected candidate subject to the Post -Election Campaign Finance Compliance Statement filing requirement who fails to submit this form prior to assuming office is guilty of a misdemeanor.
- If you need information on your current compliance status under the Michigan Campaign Finance Act, contact the Michigan Department of State's Bureau of Elections and/or the appropriate county clerks as necessary.

By signing this affidavit, I swear (or affirm) that the facts contained in the statement set forth below are true.

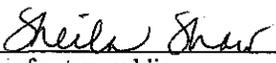
**At this date, all statements, reports, late filing fees, and fines due from me or any Candidate Committee organized to support my election to office under the Michigan Campaign Finance Act, PA 388 of 1976, have been filed or paid.**

I further acknowledge that making a false statement in this affidavit is perjury – a felony punishable by a fine up to \$1,000.00 or imprisonment for up to 5 years, or both. (MCL 168.558, 933 and 936)

Signature of Candidate:   
Printed Name of Candidate: Christopher J. Shannon  
Residential Address: 2215 Carroll Rd.  
Bay City, MI 49708  
Phone: \_\_\_\_\_  
Office You Will Assume: Commissioner City of Bay City

Subscribed and sworn to by \_\_\_\_\_  
before me on the 25<sup>th</sup> day of March, 2010

Name of Notary: Sheila Shaw  
Notary Public, State of Michigan, County of Bay  
My commission expires Nov. 20, 2011  
Acting in the County of Bay

  
Signature of notary public



ORIGINAL OR AMENDED  
STATEMENT OF ORGANIZATION FORM FOR CANDIDATE COMMITTEES

1. Committee ID #: 150392

2. Type of Filing:  
 Original  
 Amendment to Items: \_\_\_\_\_ Eff. Date: 1/1

3. Full Name of Committee:  
Committee to Elect Christopher Shannon

4a. Candidate Full Name (Last, First, M.I.):  
Shannon Christopher J.

4b. Political Party (if applicable): \_\_\_\_\_

4c. County of Residence: Bay

4d. Office Sought (Check one):  
 Governor       Lt. Governor       State Senator  
 State Rep.       Sec. of State       Attorney Gen.  
 State Bd. of Ed.       UofM Reg.       MSU Trustee  
 WSU Gov.       Supreme Court       Appeals Court  
 Circuit Court       District Court       Probate Court  
 Municipal Court  
 Local or other please specify: CITY COMMISSION

4e. District/Circuit # or Jurisdiction:  
1st Dist

5. Date Committee was Formed: 6/20/2005

6a. Committee Phone #: (989) 322-0411

6b. Committee Fax #: ( ) \_\_\_\_\_

6c. Committee E-mail Address:  
Elise@SpeednetLLC.com

7a. Complete Comm. Mailing Address (May be PO Box):  
2215 Carroll Rd.  
Bay City, MI 48708

7b. Complete Comm. Street Address (May not be PO Box):  
2215 Carroll Rd.  
Bay City, MI 48708

8. Treasurer Name and Complete Address:  
Elise Shannon  
2215 Carroll Rd. Bay City, MI 48708  
 Phone #: (989) 322-0411  
 E-mail Address: Elise@SpeednetLLC.com

9. Designated Record Keeper Name and Complete Address:  
Elise Shannon  
2215 Carroll Rd. Bay City, MI 48708  
 Phone #: (989) 322-0411  
 E-mail Address: Elise@SpeednetLLC.com

10.  REPORTING WAIVER REQUEST: If the committee does not expect to receive or expend in excess of \$1,000 in an election and checks this box; the filing requirement of pre, post and annual campaign statements is waived. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold.

11. Name and Address of Depositories or Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loan Association)  
 a. Official Depository  
TCF of Bay City  
 b. Secondary Depository

12.  This item applies only to Gubernatorial Candidate Committees: Check if this committee intends to seek qualifying contributions or make qualifying expenditures.

13. MERTS PLUS: This item applies to committees that file with the Michigan Department of State Bureau of Elections only and does not apply to candidates that file with the County Clerk's office.  
 The Campaign Finance Act requires any committee that files with the Secretary of State and spends or receives \$20,000 in the preceding calendar year OR expects to receive or spend \$20,000 in the current calendar year to file campaign statements electronically. Merts Plus software is provided to you free of charge to assist you in meeting this requirement.  
 Committee spent or received or expects to spend or receive in excess of \$20,000 and is required to file electronically.  
 \*\* OR \*\*  
 Committee did not spend or receive or does not expect to spend or receive in excess of \$20,000 and would like to file electronically voluntarily.

14. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or belief. If filing electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and completeness of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Name and Date)

Candidate: [Signature] 6/20/2005

Current Treasurer: Elise M. Shannon 6/20/2005

Designated Record Keeper (Required only if filing electronically):  
Elise M. Shannon 7/1/2005

JUN 21 2005  
MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS