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FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2013 - DECEMBER 31, 2013 For use by candidates and new employees	2014 MAY 20 PM 12: 04	RCE CENTERS	91 of 6
	OFFICE OF THE CLERK	CLERK	
Name: NELSON J. CANNON Daytime Telephone:			
	Office	Office Use Only)	
Filer X Candidate for the State: MICHIGAN Date of 11/04/2014 Check if House of Representatives District: 1st Election: 11/04/2014 Amendment	A \$200 penalty shall be assessed	shall be ass	essed
Employing Office:	more than 30 days late.	_	WIIO
In all sections, please type or print clearly in blue or black ink.		i	ļ
PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS		<u> </u>	
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I. IV. Did you hold any reportable positions on or before the date of filling in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.		Yes X	□ S
II. Did you, your spouse, or a dependent child receive "unearmed" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule II. V. Did you have any reportable agreement or arrangement with an outside entity? With an outside entity? If yes, complete and attach Schedule V. If yes, complete and attach Schedule V.		Yes	×
Ilt. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes X No If yes, complete and attach Schedule III.		Yes X	S S
Each question in this part must be answered and the appropriate schedule attached f	attached for each "Yes" response	onse.	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH	EACH OF THESE QUI	QUESTIONS	I
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child?	-	Yes	N _O
EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or or because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics	dependent child	Yes _	×

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name NELSON J. CANNON

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

	Exclude: Williamy pay (such as National Charlet or Neselve pay), receilant ententiant programs, and perfetts received driden the Social Security Act.	ement programs, and perions is	Scelved durider the coolar	Security Act.
	Source (include date of receipt for honoraria)	Туре	Alliount	
			Current year to Filing	Preceding Year
•	XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
Examples	First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
_	XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
	Harris County, Texas Public Schools	Spouse Salary	NA	NA
NORTHWI	NORTHWESTERN MICHIGAN COLLEGE, TRAVERSE CITY, MI	SALARY	6,212	7,718
GARFIE!	GARFIELD TOWNSHIP, KALKASKA COUNTY	SALARY	3,315	2,785
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0 1	POLE BARN	JOHN DEERE TRACTORS (4)	60 ACRES WITH TIMBER	SP Mega Corp. Stock Examples: Simon & Schuster 1st Bank of Paducah, KY accounts	ness, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held with your spouse (JT), in the optional column on the far left. For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.	For an ownership interest in a privately-held business that is not publicly traded, state the name of the busi-	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds. For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and the city and state.	Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols).	BLOCK A Asset and/or Income Source
×	×	×	X	Indefinite	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 Over \$50,000,000 Spouse/DC Asset over \$1,000,000*	у в с о в в е е и и т и и и и	it generated income, the value should be "None." *This column is for assets solely held by your spouse or dependent child.	Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting year and is included only because	BLOCK B Value of Asset
×	X	X	×	X Anyalties	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		If reinvested, must be dis- closed as income. Check "None" if the asset generated no income during the reporting period.	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments of that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "lax-Deferred" column. Dividends, interest.	BLOCK C Type of Income
	X	X	X	× ××	None	Current Year	spouse or dependent child.	For chec inco	BLOCK D Amount of Income

SCHEDULE III — LIABILITIES

Name NELSON J. CANNON Page 4 of 6

owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sib-Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount ling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000.

							A	Amount of Liability	of Lie	bility			
50.5 50.5 50.5 50.5 50.5 50.5 50.5 50.5	Creditor	Date Liability Incurred movyear	Type of Liability		000 00	,000	,001	001	0,001—		- 100,000		ity over 🔼
9		movyear		\$10,001 \$15,000	\$15,001 \$50,000 \$50,001	\$100,00	\$100,00 \$250,00 \$250,00	\$500,00 \$500,00 \$1,000,	\$1,000,0 \$5,000,0	\$5,000, \$25,000	\$25,000 \$50,000	Over \$50,000	Spouse Liability \$1,000,
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE			Ш	Н	Н	Н				
	JOHN DEERE CREDIT	1/2011	LOAN - JOHN DEERE 5083 TRACTOR	Ŕ	×								
	MEMBERS CREDIT UNION	1/2012	1/2012 LINE OF CREDIT	×									
	MEMBERS CREDIT UNION	1983	CREDIT CARD	×	<u> </u>	<u> </u>				<u></u> -			
	CHASE BANK	6/2011	6/2011 LOAN - UNSECURED	×			_						
	USAA	1998	CREDIT CARD	X									

SCHEDULE IV — POSITIONS

any nonprofit organization, any labor organization, or any educational or other institution other than the United States. cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an off-

and positions solely of an honorary nature Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization);

and positions solely of an honorary mature.	ature.
Position	Name of Organization
DIRECTOR	KALKASKA MEMORIAL HEALTH CENTER
DIRECTOR	NORTHERN MICHIGAN LAW ENFORCEMENT TRAINING GROUP
DIRECTOR	GARFIELD TOWNSHIP PARKS & RECREATION DEPARTMENT
PROPRIETOR	CANNON FORESTRY & NURSERY LLC

SCHEDULE III — LIABILITIES

Name NELSON J. CANNON

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owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sib-Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount ling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000.

ğ		Date		>	₽	<u> </u>	D ≥	moun	Amount of Liability	Bility	-]]	ے	~
٦ ,	Creditor	Incurred mo/year	Type of Liability	\$10,001 \$15,000	\$15,001— \$50,000	\$50,001 \$100,000 \$100,001	\$250,000 \$250,001—	\$500,000 \$500,001—	\$1,000,000 \$1,000,001— \$5,000,000	\$5,000,001— \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000	Spouse/DC Liability over \$1,000,000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE				×	H	-	Н			
JT	PENTAGON FEDERAL CREDIT UNION 12/201		MORTGAGE ON POLE BARN	_		×							
													

SCHEDULE IV — POSITIONS

cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an offi-

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization);

and positions solely of an individity flature.	ature.
Position	Name of Organization

SCHEDULE V -- AGREEMENTS

Name NELSON J. CANNON

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efit plan maintained by a former employer.	service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or ben-	Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government
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Date	Parties To	Terms of Agreement
	A/N	

SCHEDULE VI - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the *two* prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. **Do not repeat information listed on Schedule I.**

 			_	
<u>.</u> !			Example:	
			Doe Jon	Source (Na
			netown, Homestate	Source (Name and Address)
,		;	Accounting services	
				Brief D
				ief Description of Duties
				es

GPO: 2019 78-995 (mac)