FINANCIAL DISCLOSURE STATEMENT Name: NELSON J. CANNON UNITED STATES HOUSE OF REPRESENTATIVES FILER STATUS X U.S. House of Representatives Employing Office: Candidates - Date of Election: _ New Member of or Candidate for New Officer or Employee Nov. 2016 State: Mich. District: 157 Daytime Telephone: For New Members, Candidates, and New Employees FORM B Period Covered: January 1,2015 to 004-5, 2015 Check if Amendment 1 A \$200 penalty shall be assessed against any individual who files more than 30 days late. DEC 22 2015
Page 1 of 6 PETROLE LA WELLENAMEN (Office Use Only) 2016 JAN -5 PH 2: 09

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

	S THAT YOU ARE REQUIRED TO COMPLETE	NLY THE SCHEDULES	THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQ
	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	CORRESPONDING SC	ATTACH THE
Yes No	J. Did you receive compensation of more than \$5,000 from a single Yes No	Yes No	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?
Yes No X	F. Did you have any reportable agreements or arrangements with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes No	C. Did you or your spouse have "earned" income (e.g., salaries, thonoraria, or pension/IRA distributions) of \$200 or more during the reporting period?
Yes No	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes No	A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Make more than \$200 in unearned income from any reportable asset during the reporting period?

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

SCHEDULE A - ASSETS & "UNEARNED INCOME"

DUCE A - ASSETS	DUCE A - ASSETS & "UNEARNED INCOME"	Name: NELSO	NELSON J. CANNON	Page 2 of 6
BLOCK A	вгоск в	BLOCK C	вгоск р	
ts and/or income Sources	Value of Asset	Type of Income	Amount of Income	me
sach asset held for investment or investment and with a fair market value of income and with a fair market value (1,000 at the exporting period, y other reportable asset or source of y other reportable asset or source of income during the year. The provided from the provided in the pr	sech asset held for investment or Indicate value of asset at close of the reporting period, in Check all columns that apply. For accounts income and with a fair market value you use a valuation method other than fair market value that generate bax-deferred income (such as 1,000 at the end of the reporting period) pleases specify the method used. 401(k), IRA, 529 accounts), you may check by other reportable asset or source of life an asset was sold during the reporting period and is the "Tax-Deferred" column. Dukidends, inch generated more than \$200 in included only because it generated income, the value retreased, must be disclosed as income to the plant of the plant by the plant of the period only included the "None." Column M is for assets held by your spouse or dependent Check "None" if the asset generated no child in which you have no interest. S and other retirement plants (such as 1) provide the value for each asset held in	Check all columns that apply. For accounts that generate bax-defensed income (such as 401(k), IPA, 529 accounts), you may check the "Tax-Defensed" column. Dividents, the "Tax-Defensed" column. Dividents, even if interest, and capital gains, even if reinvested, must be disclosed as income for easeth held in taxable accounts. Check "None" if the asset generated no income during the reporting period.	and income and with a fair market value you use a valuation method other than fair market value you use a valuation method other than fair market value you use a valuation method other than fair market value you are the end of the reporting period please specify the method used. 401(k), IRA, 529 accounts), you may check the "None" (such as other assets indicate the category of income by checking the appropriate box between that you may check and capital gains, even if no income by checking the appropriate box between the young portion of the reporting period and is the "A. 529 accounts), you may check and capital gains, even if no income was a factor as the disclosed as income for assets held in taxable informed for assets was to generated income, the value retirements, mate the disclosed as income. The "Included only because it generated income, the value retirements, mate the disclosed as income." (Column Mi is for assets held by your spouse or dependent child in which you have no interest, and capital gains, even if no income was earned or generated. **Column Mi is for assets held by your spouse or dependent child in which you have no interest, income to the retirement plans (such as other parts) income during the reporting period. **Service of the reporting period in the rest of the service of the reporting period in the rest of the service of the reporting period in the reporting period in the reporting period. **The Tax-Deferred (such as income by check and capital gains, even if the assets held the service of the reporting period in the parts and capital gains, even if no income was earned or generated. **The Tax-Deferred (such as income by capital gains, even if no income was earned or generated. **The Tax-Deferred (such as income by capital gains, even if no income was earned or generated. **The Tax-Deferred (such as income by capital gains, even if no income was earned or generated. **The Tax-Deferr	you may chack the "None" column. For appropriate box below. Dividends, interest of as income for assets held in taxable.
that exceeds the reporting thresholds.	» B C D E F G H - J K L W		Current Year	Preceding Year
other cash accounts, total the amount in the bearing accounts. If the total is over every financial institution where there is				IX KX X XI UIA IIA IA A A III II

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	various forem equip	POLE BARN	JOHN DEERE Tractors	60 ACRES WITH TIMBER	ABC Hedge Fund X		Mega Corp Stock	For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	if you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent chaft (CD), or jointly held with anyone (JT), in the optional column on the far left.	If you have a privately-traded fund that is an Excepted hivestment Fund, please check the "EIF" box.	Exclude: Your personal residence, including second hornes and vacation homes (unless there was cental recome during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thirth Savings Plan.	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.	For renial and other real property held for investment provide a complete address or description, e.g. rental property," and a city and state.	all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	A01(k) plans) provide the value for each asset held in the eccount that exceeds the reporting thresholds.	do not use only ticker symbols). For all IRAs and other retirement plans (such ex	production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in unearmed income during the year. Provide complete names of stocks and mutual funds.	Assets and/or income sources ity (a) each asset held for investment or	BLOCK A
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Use additional sheets if more space is required.

SCHEDULE C - EARNED INCOME

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	V. NELSON J. Page 3 of 6
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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) totaling \$200 or more during the reporting period. For both the filer and filer's 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.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2014 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. The 2015 limit is \$27,225. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.	ncome may apply to you after yo imit is \$27,225. In addition, cert staff.	u are on House payroll. The 2014 in types of income (notably honoral	4 limit on outside earned income for ria, director's fees, and payments for
	ı	Am	Amount
Source (include date of receipt for nonoraria)	lype	Current Year to Filing	Preceding Year
╛	Honorarium	\$0	\$500
EXAMPLES: Civil War Roundlable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
NORTHWESTERN mich. COLLEGE, Travease City, MI	SALMAY	6212	6112
GARFIELD TOWNSHIP, KALMASKA COUNTY, MI	SALARY	3315	3315

SCHEDULE D - LIABILITIES

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); 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 you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

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рс, я 8 <mark>8</mark> ,		Creditor	Date Liability Incurred MO/YR	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	Over \$1,000,000* (Spouse/DC Liability)
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SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

Position	Name of Organization
Diaector	KALKASKA MEMORIAL HEALTH CENTER
Diaectoa	NORTHERN MICHIGAN LAW ENFORCEMENT TRAINING GROUP
DIRECTOR	GARFIELD TOWNSHIP PARKS + RECREATION DEPARTMENT
βρορεγετακ	CANNON FORESTRY + NURSERY, LLC
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SCHEDULE D - LIABILITIES

Name: CANNON, NELSON J.	Page 5 of 6
es secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence	nortgage on your personal residence
biles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and	inless you are personally liable); and

(unless you rent it out or are a Member); 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 you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child. Report liabilities of over \$10,000 owed to any one creditor at any tin period. New Members: Members are required to report all flabilities.

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SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the first parties and second-year candidates.

the current calendar year. First-year candidates and new	the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.
Position	Name of Organization

SCHEDULE F - AGREEMENTS

agreement or arrangement that you have with resi		
ny agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service;	Name: CANNON, NELSON J.	
t of government service;	Page 6 of 6	

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment, a leave of absence during the period of government 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 benefit plan maintained by a former employer. Date 2 1 Parties to Agreement Terms of Agreement

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

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise 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 C.

government and any information considered confidential as a result of a	government and any morniation construction as a result of a privileged relationship recognized by law. To not repeat information issued on Scriedule C.
Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services