

OCT 03 2013

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UNITED STATES HOUSE OF REPRESENTATIVES  
FINANCIAL DISCLOSURE STATEMENT

## FORM B

For use by candidates and new employees

Period covered: January 1, 2012 - SEPTEMBER 30, 2013

LEGISLATIVE RESOURCE CENTER

2013 OCT 11 PM 1:44

OFFICE OF THE CLERK  
U.S. HOUSE OF REPRESENTATIVES

CC

Name: NELSON J. CANNON

Daytime Telephone:

(Office Use Only)

Filer  
StatusCandidate for the  
House of Representatives

State: MICHIGAN

District: 1st

Date of  
Election: 11/04/2014Check if  
Amendment**A \$200 penalty shall be assessed  
against any individual who files  
more than 30 days late.**New officer or  
employee

Employing Office:

In all sections, please type or print clearly in blue or black ink.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

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.Yes ☒No ☐IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years?  
If yes, complete and attach Schedule IV.Yes ☒No ☐II. Did you, your spouse, or a dependent child receive "unearned" 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.Yes ☐No ☒V. Did you have any reportable agreement or arrangement with an outside entity?  
If yes, complete and attach Schedule V.Yes ☐No ☒III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  
If yes, complete and attach Schedule III.Yes ☒No ☐VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years?  
If yes, complete and attach Schedule VI.Yes ☒No ☐

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

**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 ☐No ☒**EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.Yes ☐No ☒

## 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.

[illegible]

SCHEDULE II — ASSETS AND “UNEARNED” INCOME

BLOCK A Asset and/or Income Source			BLOCK B Value of Asset													BLOCK C Type of Income	BLOCK D Amount of Income																																
Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of 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).  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.  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.  <b>Exclude:</b> 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.			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 it generated income, the value should be "None."  *This column is for assets solely held by your spouse or dependent child.													Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "Tax-Deferred" column. <b>Dividends, interest, and capital gains, even if reinvested, must be disclosed as income.</b> Check "None" if the asset generated no income during the reporting period.	For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. <b>Dividends, interest, and capital gains, even if reinvested, must be disclosed as income.</b> Check "None" if no income was earned or generated.  * This column is for income derived from assets solely held by your spouse or dependent child.																																
			A	B	C	D	E	F	G	H	I	J	K	L	M		Current Year												Preceding Year																				
			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 - \$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000*	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII		
																							None	\$1 - \$200	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	\$1,000,001 - \$5,000,000	Over \$5,000,000	Spouse/DC Income over \$1,000,000*	None	\$1 - \$200	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	\$1,000,001 - \$5,000,000	Over \$5,000,000	Spouse/DC Income over \$1,000,000*			
SP		SP Mega Corp. Stock				X									X							Royalties				X											X												
DC	Examples:	Simon & Schuster				Indefinite																						X											X										
JT		1st Bank of Paducah, KY accounts					X											X									X											X											
JT		60 ACRES WITH TIMBER					X								X									X													X												
		JOHN DEERE TRACTORS (4)					X								X									X												X													
		POLE BARN						X							X									X												X													
		VARIOUS FARM EQUIPMENT			X										X									X												X													

**SCHEDULE III — LIABILITIES**

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 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 sibling 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.

SP, DC, JT	Creditor	Date Liability Incurred mo/year	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
	<i>Example:</i> First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE	\$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
	JOHN DEERE CREDIT	1/2011	LOAN-JOHN DEERE 5083 TRACTOR		X									
	MEMBERS CREDIT UNION	1/2012	LINE OF CREDIT	X										
	MEMBERS CREDIT UNION	1983	CREDIT CARD	X										
	CHASE BANK	6/2011	LOAN- UNSECURED	X										
	USAA	1998	CREDIT CARD	X										

**SCHEDULE IV — POSITIONS**

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 officer, 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.

**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 nature.

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

Use additional sheets if more space is required.

# SCHEDULE III — LIABILITIES

Name NELSON J. CANNON

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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 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 sibling 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.

SP, DC, JT	Creditor	Date Liability Incurred mo/year	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
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JT	PENTAGON FEDERAL CREDIT UNION	12/2012	MORTGAGE ON POLE BARN			X								

# SCHEDULE IV — POSITIONS

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 officer, 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.

**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 nature.

Position	Name of Organization

Use additional sheets if more space is required.

**SCHEDULE V — AGREEMENTS**

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 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	Parties To	Terms of Agreement
	N/A	

**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.**

Source (Name and Address)	Brief Description of Duties
<i>Example:</i> Doe Jones & Smith, Hometown, Homestate	Accounting services