Only

## STATEMENT OF

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**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Cannon for Congress PO Box 1637 ADDRESS (number and street) (Check if address is changed) Traverse City 49684 MI CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS cannon4congress@gmail.com (Check if address is changed) Optional Second E-Mail Address ijdbab72@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 31 2015 C00585638 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. John Babrick Type or Print Name of Treasurer John Babrick [Electronically Filed] 01 2016 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

	FF6 <b>=</b>	4 (Decised 00/000)	D-: 6
		rm 1 (Revised 02/2009)	Page 2
		COMMITTEE  Committee:	
(a)	X	This committee is a principal campaign committee. (Complete the candidate information below.)	)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
Nam Can	e of didate	Nelson Jerome Cannon	
	didate y Affiliati	on DEM Office Sought: X House Senate President	State MI District 01
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	(D + -
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Part
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor-	nnected organization is
		Corporation W/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	egregated fund or part
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number C	
	2.	FEC ID number	
	3.	FEC ID number C	
	4.		

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Write or Type Committee Nam	ne e	-
Cannon for Co	ngress	
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	ship PAC Sponsor
NONE		
Mailing Address		
Mailing / Idai 033		
	CITY STATE	ZIP CODE
		eadership PAC Sponsor
<ul> <li>Custodian of Records: Ide books and records.</li> </ul>	entify by name, address (phone number optional) and position of the person in po	ssession of committee
John Bab	prick	
Full Name Mailing Address	PO Box 1637	
Mailing Address		
	Traverse City MI 49684	
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 231 - L	384   -   0527
. <b>Treasurer:</b> List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the nassistant treasurer).	ame and address of
Full Name John Bab	rick	
Mailing Address	PO Box 1637	
	Traverse City MI 49684	
Title or Position Treasurer	CITY STATE  Telephone number 231	ZIP CODE  384

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Full Name of Designated	Gregg McDonald	
Agent	0000 What is a Oak a	
Mailing Address	8836 Wheeler Oaks	
	Williamsburg MI 49690	
	CITY STATE	ZIP CODE
Title or Position Assistsant Trea	surer Telephone number	
Name of Bank, I	Chemical Bank  112 S. Cedar Street	
aig / iddic33		
	Kalkaska MI 49646	
	Kalkaska MI 49646  CITY STATE	ZIP CODE
Name of Bank, I	CITY STATE	ZIP CODE
Name of Bank, I	CITY STATE	ZIP CODE
Name of Bank, I	CITY STATE  Depository, etc.	ZIP CODE
	CITY STATE  Depository, etc.	ZIP CODE
	CITY STATE  Depository, etc.	ZIP CODE