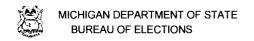
# **CANDIDATE COMMITTEE**

FOR OFFICIAL USE ONLY

COVER PAGE	<del></del>		TOR OTTIC	ANTE GOL GIVE!
Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and ca	signed by indidate.	3. This Statement covers From	: /-/-15 <sub>to</sub>	10-18-15
1. Committee I.D. Number 137681 2. Committee Name CTE ROBERT R. T.	iyal	4. Candidate Last Name  TAYLOR  4a. Office Sought Including Dis  MAYOR		(If applicable)
5. Committee's Mailing Address  /8303 HAZSLUCIO  RESEILLE, M. 4806  Area Code and Phone 580-743-43  If the address in this box is different from the commitmailing address on the Statement of Organization, n	324 ttee	6. Treasurer's Name & Reside ROBERT K 18303 H ROSEVILLE	TAYLOR AZELWOOD Mi 4806	6
be sent to this address by the filing official.		Area Code & Phone 5%		
7. Treasurer's Business Address		8. Designated Record keeper' Designated Record keeper)	s Name and Malling Address	FILED  CONTROL OF PA
Area Code and Phone		Area Code and Phone		<u> </u>
9. TYPE OF STATEMENT  9a. Pre-Election OR 9b. Post-Election  Pre-Election or Post-Election Statement relates to:  Primary  General  Convention	Required ON is not on the current year:  July Quart	erly	by the committee to the can by discharged and forgiven, the committee. The commi- owes no lates fees or has a	/We certify any outstanding debt adidate or his or her spouse is here, and no longer collectible from ttee has no oustanding assets, any oustanding debt.
Special School Caucus	9d. Amen (Com	Coverage Year  Idment to Campaign Statement to lete Item 9a, 9b, 9c or 9e to te which Statement is being ded.)	Effective date of o	sidual funds must be reported on
Nov 3, 2015				
10. Verification: I/We certify that all reasonable diliger my/our knowledge and belief the contents are true, at Current Treasurer or Designated Record keeper Republic Type or Print Name  Candidate Research  Type or Print Name	Accurate and co	in the preparation of this statem omplete.  Signature  Signature	ent and attached schedules (	10/20/15

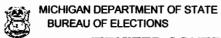


#### SUMMARY PAGE CANDIDATE COMMITTEE

1. Committee I.D. Number 137681

2. Committee Name CTE ROBECT R. TAYLOL.

OANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions	W3/F	
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	No. of
c. Subtotal of "Contributions"	(3c.) \$	(18.) \$ 5365
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>5365</u>	(20.) \$ 5365
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures	11 49	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 3054, 41	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	0 - 49
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>3054,47</u>	(23.) \$ 205441
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)	(405.) 6	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(10b.) \$	
DEBTS AND OBLIGATIONS	(11.) \$	(24.) \$
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
	BALANCE STATEMENT 68	
13. Ending Balance of last report filed	(13.) \$ <u>952</u>	
(Enter zero if no previous reports have been filed.)	E3/ E	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ 3363	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ 63/	
16. Amount expended during reporting period	9 DEU 49	
(Add lines 9 and 11) 17. ENDING BALANCE	(16.) - \$ 2037	
(Subtract line 16 from line 15)	(17.) \$ 4263± .	
	·	

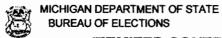


## **ITEMIZED CONTRIBUTIONS SCHEDULE 1A**

1. Committee I.D. Number	137	7681	
2. Committee Name	RO	BERTI	8. TATLER

line 3a of Summary

CANDIDATE COMMITTEE 2. Committee Name	18 HOISE	ICI D. INJU
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? YES 4. Date of Receipt 9-23-15  Name & Address:  GREG-SCOTT  97836 KAUFMAN  ROSEUILLE, M. 48069  5. If over \$100.00 cumulative, please provide:	\$ 20	s Zo
Occupation Employer	Onek Here te	i Wemo temization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9-23-19 Name & Address  ALFREDO FAMCESCONI  16444 BOWMAN  ROSEULLE MI 48066  5. If over \$100.00 cumulative, please provide:	\$ ZO Click Here for	\$
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Tund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 9-23-1  Name & Address:  COLT ARMOLD  37943 PINEWOD  LOSEULL E M. 48066  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	\$SO Click Here for	\$_50 Memo Itemization
Type of Contribution: Direct Loan from a person The Fund Raiser  3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 9-23-15  Name & Address Full AMS  J 5276 COLLINGWOOD  ROSEULLE M. 48066  5. If over \$100.00 cumulative, please provide:  Occupation Employer	\$Click Here for	\$SO Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
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Grand Total of All Schedules 1/	A	
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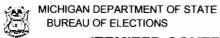


1. Committee I.D. Number	13/601
2 Committee Name CTE	ROBERT R TAXAR

CANDIDATE COMMITTEE 2. Committee Name	EINITER	1 h. 117/00
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? YES 4. Date of Receipt 9-73-15  Name & Address:  KYLE SEIDEL  JS35 AWVIL DR  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address	\$SOClick Here fo	\$or Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9-23-15  Name & Address  CARY TAYLOR  633B OZON  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address Loan from a person Prind Raiser	\$/OO Click Here for	\$/OO r Memo Itemization
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 9-23-15 Name & Address:    PAC Receipt   YES   4. Date of Receipt   9-23-15   PAC RECEIPT   YES   4. Dat	\$ ZOO Click Here for	\$ Zoo
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 9-23-15  Name & Address  VAVID WINDFIELD  3.168 COUE  WALES M. 48027  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	\$	\$SO Memo Itemization
Page Subtotal  Grand Total of All Schedules 1A (Complete on last page of Schedule)	400	

Page <u>2</u> of <u>12</u>

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#### **CANDIDATE COMMITTEE**

1. Committee I.D. Number 137681

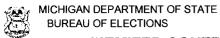
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mmittee Name	- 1 E has	ERT R.	Bylace
t name, first name, n Independent	6. Amount	7. Cumulati Election Cv	

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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? YES 4. Date of Receipt 9-23-1 Name & Address:  KEVIN SWITANOWSKI  99356 Common WEALTH  ROSEVILLE, M.; Y8066  5. If over \$100.00 cumulative, please provide:  Occupation	\$SOClick Here fo	\$sor Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser		
S. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9-23-15  Hame & Address  GARY KIESGEN  39401 CYPRESS,  CLINTON TWP/MI 48036  5. If over \$100.00 cumulative, please provide:	\$SO	\$s r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Accontribution #3 PAC Receipt? YES 4. Date of Receipt 9-73-15  Name & Address:  MALK DOUGLAS  1930 LINCOLNSHIRE  DETROIT, M. 48203-1415  5. If over \$100.00 cumulative, please provide:  Decupation Employer	\$ 50 Click Here for	\$S Memo Itemization
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
A Contribution # 4 PAC Receipt? YES 4. Date of Receipt 9-23-15  NARCO SANTIA 33540 HAY ES PARSEL M 1 48036-3542  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	\$ 50 Click Here for	\$SO Memo Itemization
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Grand Total of All Schedules 1A		-

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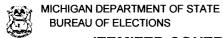
Page  $3_{\text{of}} 12$ 



#### CANDIDATE COMMITTEE

1. Committee I.D. Number 137681
2. Committee Name CTE ROBERT R. TAYLOR,

CANDIDATE COMMITTEE 2. Committee Name	
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? YES 4. Date of Receipt 9-23-15 Name & Address:  DOUGLAS DINNING 3770 LAKE FOREST STERUMG HEIGHTS, M 48314-4313  5. If over \$100.00 cumulative, please provide:  Occupation Employer	\$
Business Address  Time of Contribution: Disast Disast	
Type of Contribution: Direct Loan from a person Fund Raiser  3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 973-75	
Name & Address  SHARON MAAS  52225 MARCEUD  MAlomB TWP, M, 48042  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address  Type of Contribution:   Direct   Loan from a person   Fund Raiser	\$_50 \$_50  Click Here for Memo Itemization
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7-23-15 Name & Address:  HAROLD HAUEH. LEADELSHIP RUND 19464 CANDELIBET ROSEULE, M. 1 48066 5. If over \$100.00 cumulative, please provide:  Occupation Employer	\$ 300 \$ 300 Click Here for Memo Itemization
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 9-2315 Name & Address  CREGORY BISCHER  RO47 WINDHAM  MALONG TWP M1 4 9044  5. If over \$100.00 cumulative, please provide:	\$ 75 \$ 75 Click Here for Memo Itemization
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	4
Page Subtotal  Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page 4 of 12	Enter this total on time 3a of Summary Page.



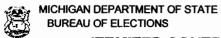
1. Committee I.D. Number 137681

1. Committee I.D. Number 137681

CANDIDATE COMMITTEE 2. Committee Name	I E MONSBELL IR. 1AYE
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? YES 4. Date of Receipt 9-23-15 Name & Address:  TLENE BISCHER BOUT WINDHAM DE MALOMB TWP, M, 48044  5. If over \$100.00 cumulative, please provide:	\$ 75 \$ 75 Click Here for Memo Itemization
Occupation Employer	Olion Field for Monto Refinization
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9-23-15 Name & Address  FRANK MAISANO  BIGTHO BARBARA  ROSEULLE, M. 48066  5. If over \$100.00 cumulative, please provide:	\$
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #3 PAC Receipt? TYES 4. Date of Receipt 9-231.  Name & Address:  CTE JOHN CHIRKUN STATE REF  31229 MEARILY  ROSEVILLE, MI 48066  5. If over \$100.00 cumulative, please provide:	\$
Occupation Employer	
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 9-23-19 Name & Address  SCHOLOGODRIDGE  5. If over \$100.00 cumulative, please provide:  Occupation Employer	\$ 100 \$ 100  Click Here for Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser	
Type of Contribution: Direct Loan from a person Fund Raiser  Page Subto	tal Harry
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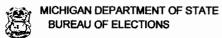


1. Committee I.D. Number 137681

CANDIDATE COMMITTEE 2. Committee Name	charac	1 11-10190
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? YES 4. Date of Receipt 9-73-15  Name & Address:  SCOTT LOCKWOOD  950 SOUTHPOWN BLOOM FIELD M. 4830+  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address Loan from a person	\$ /00 Click Here fo	s <u>/OO</u> or Memo Itemization
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9-23-15  Name & Address  THERESA CENEST  IBGS   WATERMAN  ROSSUILE, MI 48066  5. If over \$100.00 cumulative, please provide:	\$S Click Here fo	\$ 50 or 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 9-23-15  Name & Address:  PHILIP LONGUEUIL  17975 Common  ROSSUILE, M.; 48066  5. If over \$100.00 cumulative, please provide:  Occupation Employer	\$ 50 Click Here for	\$
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 9-23-15 Name & Address JOHN YEE 36467 ELM RESEAULE, M.) 48966 5. If over \$100.00 cumulative, please provide:	\$	\$/OO
Occupation Employer		
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	40.00	
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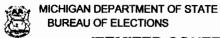
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# ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number	13	76	81	/		
OT6	Bo	384	7	2	TAIL	7

line 3a of Summary

CANDIDATE COMMITTEE 2. Committee Name	TE BOSHET K. LAYER
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? FES 4. Date of Receipt 9-23-15  Name & Address:  CTE STEVE BIEDA SENATOR  P.O. BOX 1311  WALLEN MI 48090  5. If over \$100.00 cumulative, please provide:	\$ \$50 \$ \$50 Click Here for Memo Itemization
Occupation Employer	Charles of Memo Remization
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9-73-15 Name & Address  DENN'S MORIER  33636 W CAKE CIR  Blown Stown Tup, M1 48183-2777  5. If over \$100.00 cumulative, please provide:  Occupation SELF Employer RESULTS MARKETING  Business Address 28 W. ADAM S #300 DEMONT, M  Type of Contribution: Direct Loan from a person Fund Raiser  3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 9-23-15	, 48228
Name & Address:  DIANA MAGNOLI  6402 Bayfoint DR  WASHINGTON; M1 49094  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address	\$\$
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 9-23-15 Name & Address  LISA MANCINI 30078 SCHOENHELL STE 300 WALLEN M. 48088  5. If over \$100.00 cumulative, please provide:  Occupation Employer	\$ 50 \$ 50  Click Here for Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser	
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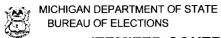


1. Committee I.D. Number 137681

CANDIDATE COMMITTEE 2. Committee Name	1600	14 n.1790
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? YES 4. Date of Receipt 9-23-15 Name & Address:  SOSEPH MUNEM 6200 ELMIDGE  MERLING HEIGHTS, M. 48313	: 500	:500
5. If over \$100.00 cumulative, please provide:  Occupation UREPARS Employer RPERUIRONMENTAL	Click Here fo	or Memo Itemization
Business Address 6200 ELMR IDGE STERUNG HGTS 4831  Type of Contribution: Direct Loan from a person X Fund Raiser	9	
Type of Contribution: Direct Loan from a person X Fund Raiser  3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9-23-15		
Name & Address  BAY JARBOU  JOSEVILLE, M. 48066	<u>50</u>	<u> 50</u>
5. If over \$100.00 cumulative, please provide:	Click Here for	r 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 9–23-15  Name & Address:  MATHER  TO LE FARMUM.  ROYAL OAK, M.  5. If over \$100.00 cumulative, please provide:  Occupation Employer	\$ 50 Click Here for	\$_50 Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 9-23-15 Name & Address  TIMOTITY MCGILLEN  37830 GRATIOT  HOSSULLE, M; 48066  5. If over \$100.00 cumulative, please provide:	\$ 50 Click Here for	\$SO
Occupation Employer	2	
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
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Grand Total of All Schedules 1A (Complete on last page of Schedule)		
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Page 8 of 12

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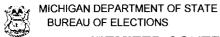


1. Committee I.D. Number	137681	
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CANDIDATE COMMITTEE 2. Committee Name	1 E NOISE	WI D. 1AYC
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution 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? YES 4. Date of Receipt 10-2-15  Name & Address:  MICHAEL BATKE  19090 ROSEGARDEN  ROSEVILLE, M. i. 48066  5. If over \$100.00 cumulative, please provide:	\$ 25°	or 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 10-1-15 Name & Address TONY GALLO 6303 26 MILE WASHINGTON TUP, M, 48094	<u> 50</u>	<u>\$ 50</u>
5. If over \$100.00 cumulative, please provide:	Click Here fo	or 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 10-5-15  Name & Address:  STEPHEN SAPH TR  LLE MENS, M. 48046-6907  5. If over \$100.00 cumulative, please provide:  Occupation Frank Address 44 Malons Pl MTCLEMENS, M. 48046  Type of Contribution: Direct Loan from a person Fund Raiser	\$ <u>950</u> Click Here fo	s <u>350</u> r Memo Itemization
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 9-25-/5	<u> </u>	
Name & Address  ACMA JAMRUS  27354 DEMRICK  ROSEVILLE, M. 48066  5. If over \$100.00 cumulative, please provide:  Occupation Employer	\$ 25 Click Here fo	\$ <u>35</u> r Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	. 11	
Page Subtotal  Grand Total of All Schedules 1A (Complete on last page of Schedule)	173,50°	

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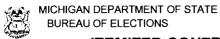
#### **CANDIDATE COMMITTEE**

1. Committee I.D. Number 137681
2. Committee Name CTE ROBERT R. TAYLOR.

Enter contributor's name and address. It 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.	Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 9-25-15 Name & Address:  DEAN ALAN I S MAIN 3 PROPRIOUS  MTCLEMENS  5. If over \$100.00 cumulative, please provide:	\$ 50 \$ 50  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 9-23-15 Name & Address  JOSEPH BOEDEKER  3. Grant Boed Boed Boed Boed Boed Boed Boed Boed	\$_50 \$_50  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 9-24-15  Name & Address:  ROBERT ZERAFA  12223 EAST RIDGE  BRUCE TWP, M, 48065  5. If over \$100.00 cumulative, please provide:	\$ 100 \$ 100  Click Here for Memo Itemization
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #4 PAC Receipt? TES 4. Date of Receipt 9-28-15 Name & Address PIRTITERS LOCAL 636 POLITICAL ACTION COMMITTEE 30100. NORTHWESTERN HIGHWAY FARMINGTON HILLS, M, 48334 5. If over \$100.00 cumulative, please provide:	\$
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	4
Page Subtotal  Grand Total of All Schedules 1A  (Complete on last page of Schedule)	Enter this total on

Page 10 of 12

line 3a of Summary Page.

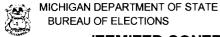


#### CANDIDATE COMMITTEE

1. Committee I.D. Number 137681

2. Committee Name CTE ROBELT R. TayloR.

	ox to indicate if conf	contribution is from an ind inbution is from a Politica regardless of amount.	_		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt?	YES 4. Date	of Receipt	7-25-15		
Name & Address:	00		-			
JOE 01 4585 A1	KAM_					
4585 A	PLINE	11.00		~?	200	900
WESTBLE	pomfield	mi 4832	5-65	<b>U</b> ラ	s 000	Saco
5. It over \$100.00 cum	iulative, please pro	MIGE.			0" 1 1	
Occupation <u>O</u> W	NER	$ iI_i P$	MED	PIA INC		or Memo Itemization
Business Address 2	9551 GK	EENHELD S	SUITE.	219 Sort+49	UP MI 48	50/8
Type of Contribution:	Direct	Loan from a person	<b>₩</b> .	Fund Raiser		
3. Contribution #2	PAC Receipt?	YES 4. Date	of Receipt	9-23-15		
Name & Address	DUC		-			
JOHN BU 48210 LA	IKKZ	512				
48210 LA	KE UALLE	700			$\sim 100$	. 100
SHELBY TO	PIMI4	8511			• 100	3/50
5. If over \$100.00 cum					Click Here fo	or Memo Itemization
Occupation		Employer				
Business Address						
Type of Contribution:	Direct	Loan from a person	X	Fund Raiser		
3. Contribution # 3	PAC Receipt?	YES 4. Date	of Receipt	9-72-16		
Al 0 A-l-l				( ) ( )		
TIMOTHY	10mLUNS	יייי			- بسم	مسر
42850 G1	ARFIELD.	STE 101,			s 500	, 500
TIMOTHY 42850 GI CLINTON T	TWP, Mi	48038				*
5. If over \$100.00 cum	,				Click Here for	r Memo Itemization
	ENEY	Employer /ORF	, Doda	NE TOMUNSON	UP.C.	
Business Address 4			1 Cin	Non Tup, M.	48038	
Type of Contribution:	Direct	Loan from a person		Fund Raiser	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
				0 00 0	· · · · · · · · · · · · · · · · · · ·	
Contribution # 4     Name & Address	PAC Receipt?	LI	e of Receipt	<u> </u>		
JOHN DO	LAN	_				
John Do 42850 GA	RFIELDS	TE101			500	Con
(Viator)	TWP, M,	48038			\$ 100	\$ 700
5. If over \$100.00 cun					<b></b>	
ĺ			OK Da	12) A Taralise	Click Here fo	r Memo Itemization
Occupation A	mine	Employer YO	77//oc	17 4 (ONLINDA	Y.C.	
Business Address 4	2850 GAH	GELD STEIOI	Clin	ton Tup, M. 4	8038	
Type of Contribution:		Loan from a persor	-	Fund Raiser		
				Page Subtotal	\$1300=	
			Grane	d Total of All Schedules 1A		
				e on last page of Schedule)	Enter this total on	
11 10					line 3a of Summary	,
Page // of //	_				Page.	



#### **CANDIDATE COMMITTEE**

1. Committee I.D. Number 137681
2. Committee Name CTEROBERT R. TAYLOR

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7.	Cun	nulat	ive	for			7
E	lectio	n C	/de	for E	ac	:h	
_							- 1

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.  7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)				
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 9-23-15 Name & Address: SUZANNE PIKLEY 34305 GROVE. EASTRUME, M.) 48021	: 35 : 35			
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization			
Occupation Employer				
Business Address  Type of Contribution: Disast				
Type of Contribution: Direct Loan from a person Fund Raiser  3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9-2-3-15				
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9-23-15 Name & Address RUTH GREEN 17812 OAKDALE RESEVIUE, M. 48066	<u>50</u> <u>50</u>			
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 9-23-15  Name & Address:  JAMES ZELMANSKI  38311 COLE  ROSEULLE, M. 48066  5. If over \$100.00 cumulative, please provide:	\$			
Occupation Employer				
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser				
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 9-23-/5 Name & Address  MICHASC BUSCH  BOODI WALLACE  WSEULLE M; 4806  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address	\$_50 \$_50  Click Here for Memo Itemization			
Type of Contribution: Direct Loan from a person Fund Raiser	A			
Page Subtotal	19952			

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

Enter this total on line 3a of Summary Page.

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# ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

Committee I. D. Number	13768	/	
2. Committee Name CT	E ROBERT	R.TA	yloR

CANDIDATE COMMITTEE 2. Co	ommittee Name CIEROBERT R. ATYLOR
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information) 5. Date 6. Amount
Expenditure #1  Name SAWICKI & SONS  Address  1521 W. LAFAYETTE  DETROIT, MI 48216  [Fund Raiser	Purpose: SIGNS Date  Click Here for Memo Itemization Type  Check box if this expenditure is payment of debt or obligation reported on previous statement
Address 33951 GRATIOT : CLINTON TWP, MI Fund Raiser	Purpose: PARADE SIGNS Date  Click Here for Memo Itemization Type  Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #3 Name OFFICE DEPOT  Address 33840 GRATIOT.  CLINTON TUP, MI  48035	Purpose: MAILING SUPLIES Date  Click Here for Memo Itemization Type  Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #4 Name ROSZULLE P.O.  Address 30550 GRATIOT ROSZULLE, MI 48066  Prund Raiser	Purpose:
Expenditure #5 Name C+G NEWSPAPER  Address 13650 1/ MILE  WARREN, Mi 48089  Fund Raiser	Purpose:
	Subtotal this page  Grand Total of all Schedules 1B

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**

1. Committee I. D. Number 137681

CANDIDATE COMMITTEE 2. Co	ommittee Name C/ Normalities Name
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information) 5. Date 6. Amount
Expenditure #1	
Name AMERICAN GRAPHIS  Address PRINTING CO.  34895 GROESBECK	Purpose: FUNDRAISER Click Here for Memo Itemization Type
34895 GROESBECK CLINTON TWP, M. 48035	Click Here for Memo Itemization Type  Check box if this expenditure is payment of
Fund Raiser	debt or obligation reported on previous statement
Expenditure #2 Name LOGANS	CINDO:CCA 9-23-15 67305
Address 30751 GRATIOT ROSEVILLE, M. 48066	Purpose: FUENT  Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #3	
Name C+G NEWSPAPER Address / 3650 // MILE	Purpose: ADS 9-28/5 \$ 258 Date
WARREN, MI 48089	Click Here for Memo Itemization Type  Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #4 Name CTE TIMOTHY HOSTE Address 17 17 COLOCITAL T	9-23-15 <sub>50</sub> Purpose: DONATION
Address 15435 CHESTNUT B ROSEVILLE, M, 48066	Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #5 Name RCSSF	HOLE SPONSER 9-19-15: 100°
Address 18975 CHURCH ROSEULLE, MI 48066	Purpose: DONATION Date \$ 100
ROSGINUS MI 48066	Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
	Subtotal this page 193163

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

Enter this total on line 8a of Summary Page



# FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

2. Committee Name ( - USE A SEPARATE SHEET FOR EACH EVENT -6. Address and Name (If any) of the 4. Number of Individuals Attending 5. Type of Fund Raising Activity 3. Date Event Was Held place where the activity was held. or Participating (whichever is greater) 7. Total Contributions 8. Other Receipts 9. Gross Receipts (Add lines 7 and 8) 10. Total Cost of Event (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: **Expenditure Split** Co-Sponsor(s) Contribution Split (%) (%)

1. Committee I.D. Number

- 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.

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