

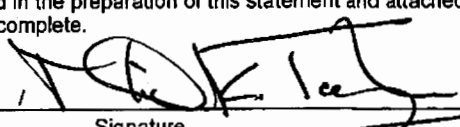
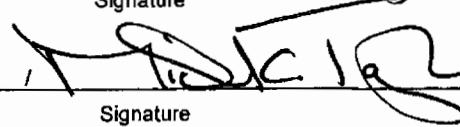


MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE  
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

1. Committee I.D. Number <b>138477</b>		3. This Statement covers From: <u>10/23/17</u> to <u>11/27/17</u>	
2. Committee Name <b>CTE Michael C. Taylor</b>		4. Candidate Last Name <b>Taylor</b> First Name <b>Michael</b> M.I. <b>C</b> 4a. Office Sought Including District # or Community Served (If applicable) <b>Sterling Heights Mayor</b> 4b. County of Residence <b>MACOMB</b>	
5. Committee's Mailing Address <b>14076 Red Pine Dr. Sterling Heights, MI 48313</b>  Area Code and Phone <u>(586) 822-3500</u> If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.		6. Treasurer's Name & Residential Address <b>Michael C. Taylor 14076 Red Pine Dr. Sterling Heights, MI 48312</b>  Area Code & Phone <u>(586) 822-3500</u>	
7. Treasurer's Business Address <b>14076 Red Pine Dr. Sterling Heights, MI 48313</b>  Area Code and Phone <u>(586) 822-3500</u>		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)   Area Code and Phone _____	
9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus  Date of Election, Convention or Caucus <u>11/07/17</u>		Required ONLY if candidate is not on the ballot for the current year: <input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly  9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)  9e. Dissolution of Candidate Committee <input type="checkbox"/> By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.  Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.  Effective date of dissolution _____  Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.			
Current Treasurer or Designated Record keeper <b>Michael C. Taylor</b> Type or Print Name		 Signature Date <u>12/12/2017</u>	
Candidate <b>Michael C. Taylor</b> Type or Print Name		 Signature Date <u>12/02/2017</u>	



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 138477

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name CTE Michael C. Taylor

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>500.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$500.00</u>	(18.) \$ <u>\$74,450.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>\$0.00</u>	(19.) \$ <u>\$0.00</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$	<u>\$500.00</u>	(20.) \$ <u>\$74,450.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>\$0.00</u>	(21.) \$ <u>\$0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
<b>EXPENDITURES</b>			
<b>8. Expenditures</b>			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>\$23,362.32</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>\$0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>\$0.00</u>	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>\$23,784.44</u>	(23.) \$ <u>\$51,428.97</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)			
<b>10. Disbursements</b>			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>\$0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>\$0.00</u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$	<u>\$0.00</u>	(24.) \$ <u>\$0.00</u>
<b>DEBTS AND OBLIGATIONS</b>			
<b>12. Debts and Obligations</b>			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>\$4,526.84</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>\$0.00</u>	
<b>BALANCE STATEMENT</b>			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>\$55,529.07</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$500.00</u>	
	(15.) = \$	<u>\$56,029.07</u>	
15. SUBTOTAL Add lines 13 and 14			
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$23,784.44</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$	<u>\$32,244.63</u>	



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138477  
2. Committee Name CTE Michael C. Taylor

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 11/08/17  
Name & Address:

Michael Boguth  
38431 River Park  
Sterling Heights, MI 48313

\$ 500

\$ 500

5. If over \$100.00 cumulative, please provide:

Occupation Owner/Manager Employer Hamilton Cheverolet

[Click Here for Memo Itemization](#)

Business Address 5800 E 14 Mile Rd, Warren, MI 48092

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt \_\_\_\_\_  
Name & Address

\$ \_\_\_\_\_

\$ \_\_\_\_\_

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 \_\_\_\_\_  
Name & Address:

\$ \_\_\_\_\_

\$ \_\_\_\_\_

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 #4 PAC Receipt? ☐ YES 4. Date of Receipt \_\_\_\_\_  
Name & Address

\$ \_\_\_\_\_

\$ \_\_\_\_\_

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

Page Subtotal

\$500.00

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

\$500.00

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 138477  
2. Committee Name CTE Michael C. Taylor

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>C&amp;G Publishing</b>  Address 13650 E 11 Mile Rd. Warren, MI 48089  <input type="checkbox"/> Fund Raiser	Purpose: <u>Newspaper Ad</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/25/17</u> Date	\$ <u>1291.50</u>
Expenditure #2 Name <b>Macomb County GOP</b>  Address PO Box 380962 Clinton Township, MI 48038  <input type="checkbox"/> Fund Raiser	Purpose: <u>Event Tickets/Ad</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/30/17</u> Date	\$ <u>1000</u>
Expenditure #3 Name <b>Kroger</b>  Address 43893 Schoenherr Rd Sterling Heights, MI 48313  <input type="checkbox"/> Fund Raiser	Purpose: <u>Halloween Party Candy</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/30/17</u> Date	\$ <u>122.84</u>
Expenditure #4 Name <b>Post Office</b>  Address 7007 Metro Parkway Sterling Heights, MI 48311  <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/31/17</u> Date	\$ <u>11797.12</u>
Expenditure #5 Name <b>C&amp;G Publishing</b>  Address Same  <input type="checkbox"/> Fund Raiser	Purpose: <u>Newspaper Ad</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/01/17</u> Date	\$ <u>1291.5</u>

Subtotal this page **\$15,502.96**

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**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number 138477  
2. Committee Name CTE Michael C. Taylor

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>Facebook</b>  Address <b>1 Hacker Way Menlo Park, CA 94025</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Facebook Ad</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/01/17</u> Date	<u>\$ 384.85</u>
Expenditure #2 Name <b>Sam's Club</b>  Address <b>45600 Utica Park Blvd Utica, MI 48315</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Halloween Party Supplies</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/01/17</u> Date	<u>\$ 153.19</u>
Expenditure #3 Name <b>Mass Mailing</b>  Address <b>35468 Mound Rd Sterling Heights, MI 48310</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Mail house services</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/02/17</u> Date	<u>\$ 2657.35</u>
Expenditure #4 Name <b>Emily Henningsen</b>  Address <b>15734 Bexley Clinton Township, MI 48038</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign Support Services - All In House</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/02/17</u> Date	<u>\$ 300</u>
Expenditure #5 Name <b>Stephanie Tolitsky</b>  Address <b>33441 Garfield Rd Fraser, MI</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign Support Services -- All in house</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/07/17</u> Date	<u>\$ 105</u>

Subtotal this page **\$3,600.39**

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  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 138477  
2. Committee Name CTE Michael C. Taylor

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Century Banquet Center</u> Address <u>33204 Maple Ln</u> <u>Sterling Heights, MI 48312</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Pasta Party</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/15/17</u> Date	<u>\$ 100</u>
Expenditure #2 Name <u>Penna's of Sterling</u> Address <u>38400 Van Dyke</u> <u>Sterling Heights, MI 48312</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Banquet Services</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/17/17</u> Date	<u>\$ 2800</u>
Expenditure #3 Name <u>Villa Penna</u> Address <u>43985 Hayes Rd</u> <u>Sterling Heights, MI 48313</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Victory Party</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/17/17</u> Date	<u>\$ 1701.09</u>
Expenditure #4 Name <u>Emily Henningsen</u> Address <u>Same</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign Support Services -- All in house</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/20/17</u> Date	<u>\$ 55</u>
Expenditure #5 Name <u>Macomb County Clerk</u> Address <u>120 N. Main St.</u> <u>Mt. Clemens, MI 48043</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Late Filing Fees</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/20/17</u> Date	<u>\$ 25</u>

Subtotal this page **\$4,681.09**

Grand Total of all Schedules 1B  
(Complete on last page of Schedule) **\$23,784.44**

Enter this total  
on line 8a of  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS  
SCHEDULE 1E  
CANDIDATE COMMITTEE

1. Committee I.D. Number 138477  
2. Committee Name CTE Michael C. Taylor

This Schedule contains:

☒ Debts and obligations owed by or forgiven the committee OR ☐ Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. <small>Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.</small>	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding balance at close of this period (Item 5 minus item 8)
Debt #1 Owed to or by: <input type="checkbox"/> Yes Taylor, Michael C. 35651 Kensington Ave Sterling Heights, MI 48312	4. Type: <u>In-Kind Loan</u> 5. Date Debt Was Incurred: <u>08/14/09</u> 6. Original Amount of Debt: <u>\$ 75.51</u>	\$ \$ \$ \$	\$ 0.00	\$ 75.51 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or by: <input type="checkbox"/> Yes Taylor, Michael C. 35651 Kensington Ave Sterling Heights, MI 48312	4. Type: <u>In-Kind Loan</u> 5. Date Debt Was Incurred: <u>8/15/09</u> 6. Original Amount of Debt: <u>\$ 14.30</u>	\$ \$ \$ \$	\$ 0.00	\$ 14.30 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Owed to or by: <input type="checkbox"/> Yes Taylor, Michael C. 35651 Kensington Ave Sterling Heights, MI 48312	4. Type: <u>In-Kind Loan</u> 5. Date Debt Was Incurred: <u>8/18/09</u> 6. Original Amount of Debt: <u>\$ 115.60</u>	\$ \$ \$ \$	\$ 0.00	\$ 115.60 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **\$205.41**

Grand Total of all Schedules 1E  
(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS  
SCHEDULE 1E  
CANDIDATE COMMITTEE

1. Committee ID Number 138477  
2. Committee Name CTE Michael C. Taylor

This Schedule Identifies:

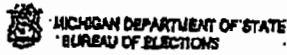
☒ Debts and obligations owed by or for/in the committee OR ☐ Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantor, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding balance at close of this period (Item 6 minus Item 8)
Debt #1 Owed to or by: <input type="checkbox"/> Corp? <input type="checkbox"/> Yes  Taylor, Michael C. 35851 Kensington Ave Sterling Heights, MI 48312	4. Type: <u>In-Kind Loan</u> 5. Date Debt Was Incurred: <u>09/08/08</u> 6. Original Amount of Debt: <u>\$ 550.00</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 550.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or by: <input type="checkbox"/> Corp? <input type="checkbox"/> Yes  Taylor, Michael C. 35851 Kensington Ave Sterling Heights, MI 48312	4. Type: <u>In-Kind Loan</u> 5. Date Debt Was Incurred: <u>10/2/09</u> 6. Original Amount of Debt: <u>\$ 1107.82</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 1107.82 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Owed to or by: <input type="checkbox"/> Corp? <input type="checkbox"/> Yes  Taylor, Michael C. 35851 Kensington Ave Sterling Heights, MI 48312	4. Type: <u>In-Kind Loan</u> 5. Date Debt Was Incurred: <u>10/1/09</u> 6. Original Amount of Debt: <u>\$ 62.87</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 62.87 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Page Subtotal (Outstanding debt)				\$1,720.79
Grand Total of all Schedules 1E				

(Complete on last page of Schedule showing amounts owed by or to the committee)

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

**DEBTS AND OBLIGATIONS**1. Committee ID Number 138477**SCHEDULE 1E****CANDIDATE COMMITTEE**2. Committee Name CTE Michael C. Taylor

This Schedule Summary:				
<input checked="" type="checkbox"/> Debts and obligations owed by or forgiven the committee OR <input type="checkbox"/> Debts and obligations owed to or forgiven by the committee. (Check either a or b. Use only for the purpose checked.)				
3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantor, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 4 minus Item 8)
Debt #1 Owed to or by: Corp? <input type="checkbox"/> Yes  Taylor, Michael C. 35651 Kensington Ave Sterling Heights, MI 48312	4. Type: <u>In-Kind Loan</u> 5. Date Debt Was Incurred: <u>07/08/11</u> 6. Original Amount of Debt: <u>\$ 556.60</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 556.60 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or by: Corp? <input type="checkbox"/> Yes  Taylor, Michael C. 35651 Kensington Ave Sterling Heights, MI 48312	4. Type: <u>In-Kind Loan</u> 5. Date Debt Was Incurred: <u>9-7-11</u> 6. Original Amount of Debt: <u>\$ 1533.82</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 1533.82 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Owed to or by: Corp? <input type="checkbox"/> Yes  Taylor, Michael C. 35651 Kensington Ave Sterling Heights, MI 48312	4. Type: <u>In-Kind Loan</u> 5. Date Debt Was Incurred: <u>9-29-11</u> 6. Original Amount of Debt: <u>\$ 130</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 130 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Page Subtotal (Outstanding debt)				<b>\$2,220.32</b>
Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)				

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or if was forgiven during the period covered by this Campaign Statement.

Enter the total on line 12a "owed by" or line 12b "owed to" of the Summary Page



1. Committee ID Number 138477

DEBTS AND OBLIGATIONS  
SCHEDULE 1E  
CANDIDATE COMMITTEE

2. Committee Name CTE Michael C. Taylor

This Schedule itemizes:

☒ Debts and obligations owed by or forgiven the committee OR ☐ Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. <small>Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.</small>	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 5 minus Item 8)
Debt #1 Owed to or by: <input type="checkbox"/> Corp? <input type="checkbox"/> Yes Taylor, Michael C. 35551 Kensington Ave Sterling Heights, MI 48312	4. Type: <u>In-Kind Loan</u> 5. Date Debt Was Incurred: <u>09/07/11</u> 6. Original Amount of Debt: <u>\$ 159.00</u>	\$ \$ \$ \$	\$ 0.00	\$ 159.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or by: <input type="checkbox"/> Corp? <input type="checkbox"/> Yes Taylor, Michael C. 35551 Kensington Ave Sterling Heights, MI 48312	4. Type: <u>In-Kind Loan</u> 5. Date Debt Was Incurred: <u>9-7-11</u> 6. Original Amount of Debt: <u>\$ 23.30</u>	\$ \$ \$ \$	\$ 0.00	\$ 23.30 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Owed to or by: <input type="checkbox"/> Corp? <input type="checkbox"/> Yes Taylor, Michael C. 35551 Kensington Ave Sterling Heights, MI 48312	4. Type: <u>In-Kind Loan</u> 5. Date Debt Was Incurred: <u>9-7-11</u> 6. Original Amount of Debt: <u>\$ 103.68</u>	\$ \$ \$ \$	\$ 0.00	\$ 103.68 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Page Subtotal (Outstanding debt)				\$285.98
Grand Total of all Schedules 1E				

(Complete on last page of Schedule showing amounts owed by or to the committee)

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS  
SCHEDULE 1E  
CANDIDATE COMMITTEE

1. Committee ID, Number 138477  
2. Committee Name CTE Michael C. Taylor

This Schedule Itemizes:

☐ Debts and obligations owed by or forgiven the committee OR ☐ Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. <small>Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.</small>	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 5 minus Item 8)
Debt #1 Owed to or by: <input type="checkbox"/> Corp? <input type="checkbox"/> Yes Michael C. Taylor 35651 Kensington Ave Sterling Heights, MI 48312	4. Type: <u>In Kind Loan</u> 5. Date Debt Was Incurred: <u>08/29/11</u> 6. Original Amount of Debt: <u>\$ 84.34</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$ 94.34</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or by: <input type="checkbox"/> Corp? <input type="checkbox"/> Yes	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Owed to or by: <input type="checkbox"/> Corp? <input type="checkbox"/> Yes	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) \$94.34

Grand Total of all Schedules 1E \$4,626.84  
(Complete on last page of Schedules showing amounts owed by or to the committee)

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