

CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

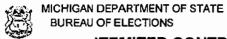
Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and ca	signed by ndidate.	3. This Statement covers From	10/23/17 to 11/2	7/17		
1. Committee I.D. Number		4. Candidate Last Name	First Name	M.I.		
138477		Taylor	Michael	С		
		4a. Office Sought Including Dis	trict # or Community Served (If a	pplicable)		
2. Committee Name		Sterling Heights Mayo	r	,		
CTE Michael C. Taylor		4b. County of Residence MACOMB				
5. Committee's Mailing Address		6. Treasurer's Name & Reside	ntial Address	DE!		
14076 Red Pine Dr.		Michael C. Taylor	四面	FILED		
Sterling Heights, MI 48313		14076 Red Pine Dr.	TO	2 E		
		Sterling Heights, MI	ntial Address CLEFFENS: HICHIGA	FILED DEC 12 AMII: 11		
(500) 000 0500			lo.H	ς́ο =:		
Area Code and Phone (586) 822-3500 If the address in this box is different from the commit	tee		o A	_		
mailing address on the Statement of Organization, mobe sent to this address by the filing official.		Area Code & Phone (586) 82		大		
7. Treasurer's Business Address		8. Designated Record keeper's	s Name and Mailing Address (If t	he committee has a		
14076 Red Pine Dr.		Designated Record keeper)				
Sterling Heights, MI 48313						
			•			
			•			
Area Code and Phone (586) 822-3500		Area Code and Phone				
9. TYPE OF STATEMENT			9e. Dissolution of Candidate	Committee		
9a. Pre-Election OR 9b. Post-Election		NLY if candidate ballot for the	By checking this item I/We by the committee to the candida	te or his or her spouse is here		
Pre-Election or Post-Election Statement relates to:			by discharged and forgiven, and the committee. The committee	I no longer collectible from has no oustanding assets,		
Primary	July Quart	erly	owes no lates fees or has any or	ustanding debt.		
⊠General	October C	luarterly	Further, if the dissolution cannot	be granted, that this be		
Convention			considered a request for the Rep	porting Waiver.		
	9c. 🗀 .					
	Annua	al Statement () Coverage Year	Effective date of disso	plution		
School	a. Men	dment to Campaign Statement				
Caucus	Gom	plete Item 9a, 9b, 9c or 9e to	Note: The disposition of residua	I funds must be reported on		
	amen	te which Statement is being ded.)	Schedule 1B and the Summary			
Date of Election, Convention or Caucus						
11/07/17						
10. Verification: I\We certify that all reasonable dilige	nce was used	in the preparation of this statem	ent and attached schedules (if an	y) and to the best of		
my\our knowledge and belief the contents are true, a	iccurate and c	omplete.				
Current Treasurer or Designated Record keeper Michael C. Ta	ylor	MOKI	Date _	12/12/2017		
Type or Print Name		Signature	Date _			
Candidate Michael C. Taylor		Make	Date _	12/02/2017		
Type or Print Name		Signature	75			

1. Committee I.D. Number 138477

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name CTE Michael C. Taylor

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



Page 1 of 1

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number	138 4 77

Enter this total on

Page.

line 3a of Summary

	CANDIDATI	E COMMITTEE		2. Committee Name	CTE	Michael C. T	aylor
middle initial. Che	k box to indicate if	If contribution is from an ind contribution is from a Political ons regardless of amount.	ividual, e I Commit	enter last name, first nam tee or an Independent	ne,	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1 Name & Address;	PAC Recei	ipt? YES 4. Date of	of Receip	11/08/17			
Michael Bogu	th						
38431 River F						_{\$} 500	₂ 500
Sterling Heigh						\$	\$
5. If over \$100.00 o Occupation Owne	• •	provide: Employer Hamilton	n Chev	erolet		Click Here for	or Memo Itemization
		Rd, Warren, MI 48092		0.0.01			
Business Address _ Type of Contribution	<u> </u>	Loan from a person		Fund Raiser	•		
3. Contribution #2	PAC Receip		f Receip				
Name & Address	11.01.000.p	🔲					
						\$	\$
						Olista I I a sa ƙa	. Managa Hanakaski an
5. If over \$100.00 c	•					Click Here to	or Memo Itemization
Occupation		Employer					
Business Address _							
Type of Contribution	: Direct	Loan from a person		Fund Raiser			
3. Contribution # 3 Name & Address:	PAC Receipt	t? YES 4. Date	of Recei	pt			
14mo a 7 164 1660.							
						\$	\$
5. If over \$100.00 c	umulativa nlagga	provido				Click Here fo	r Memo Itemization
Occupation		Employer			•		
Business Address _ Type of Contribution	n: Direct	Loan from a person		Fund Raiser			
3. Contribution # 4	PAC Receip	pt? YES 4. Date	of Rece	ipt			
Name & Address							
						\$	\$
5. If over \$100.00 c	umulative, please	provide:				Oliveir I in the second	
Occupation		Employer				Click Here to	r Memo Itemization
- voupulion			···				
Business Address				- 15:	•		
Type of Contribution	on: Direct	Loan from a person		Fund Raiser	1		-
				Page Su	btotal	\$500.00	-
				and Total of All Schedule ete on last page of Sche		\$500.00	
			(Sampl	or our last page of our		Enter this total on	



SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number _______

2. Committee Name	CTE	Michael	C.	Taylor	

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name C&G Publishing		10/25/17	\$ 1291.50
Address	Purpose: Newspaper Ad	Date	
13650 E 11 Mile Rd.			
Warren, MI 48089	Click	Here for Memo	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous		
Expenditure #2	statement		
		40/00/47	
Name Macomb County GOP		10/30/17	\$ 1000
Address	Purpose: Event Tickets/Ad	Date	
PO Box 380962	Click I	Here for Memo	temization Type
Clinton Township, MI 48038	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name Kroger		10/30/17	\$ 122.8 4
Address	Purpose: Halloween Party Candy	Date	
43893 Schoenherr Rd		lara far Mama l	tomization Tuno
Sterling Heights, MI 48313		Tere for Memo i	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		į.
Expenditure #4	- State Market		
Name Post Office		10/31/17	
1 dat office		Date	\$ 11797.12
Address	Purpose: Postage	Dete	
7007 Metro Parkway	Click	Here for Memo I	temization Type
Sterling Heights, MI 48311		Tere for Memo	ternization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name C&G Publishing		11/01/17	
Address	Purpose: Newspaper Ad	Date	\$ <u>1291.5</u>
Same		Hana Con Ma	Manaination Torre
	Click Click Click Check box if this expenditure is payment of	mere for Memo	Itemization Type
Fund Raiser	debt or obligation reported on previous statement		
	Subte	otal this page	\$15,502.96
	Grand Total of all (Complete on last pag		

Enter this total on line 8a of Summary Page



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

138477

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

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1		<u> </u>	
Name Facebook		11/01/17	\$ 384.85
Address	Purpose: Facebook Ad	Date	
1 Hacker Way		lere for Memo II	lemization Type
Menlo Park, CA 94025			,
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name Sam's Club		11/01/17	\$ 153.19
Address	Purpose: Halloween Party Supplies	Date	
45600 Utica Park Blvd	Click H	lere for Memo I	temization Type
Utica, MI 48315	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name Mass Mailing		11/02/17	• 0657 05
-	Purpose: Mail house services	Date	\$ <u>2657.35</u>
Address 35468 Mound Rd			
Sterling Heights, MI 48310	Click H	lere for Memo I	temization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name Emily Henningsen		11/02/17	\$ 300
Address	Campaign Support Services - All In House	Date	
15734 Bexley		t t Mana l	tomination Trans
Clinton Township, MI 48038		tere for iviento i	temization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
^{Name} Stephanie Tolitsky		11/07/17	\$ 10 5
Address	Purpose: Campaign Support Services All in house	Date	- 100
33441 Garfield Rd	Click	Here for Memo	Itemization Type
Fraser, MI	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
	Subto	otal this page	\$3,600.39
	Grand Total of all		
	(Complete on last pag	e of Schedule)	

Enter this total on line 8a of Summary Page

2 ... 3



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 Century Banquet Center	· ·	11/15/17	\$ 100
Address	Purpose: Pasta Party	Date	
33204 Maple Ln	{	ck Here for Memo	Itemization Type
Sterling Heights, MI 48312	Oh alaha sa isabi- amandikan in normant	of ·	
Fund Raiser	Check box if this expenditure is payment debt or obligation reported on previous statement	OI	
Expenditure #2			
Name Penna's of Sterling		11/17/17	\$ 2800
Address	Purpose: Banquet Services	Date	
38400 Van Dyke	Clic	ck Here for Memo	Itemization Type
Sterling Heights, MI 48312	Check box if this expenditure is payment	of	
Fund Raiser	debt or obligation reported on previous	.	
Expenditure #3	statement		
Name Villa Penna		11/17/17	
Villa Perilla	Vietem Desh	11/17/17 Date	\$ <u>1701.09</u>
Address	Purpose: Victory Party		
43985 Hayes Rd	Clic	ck Here for Memo	Itemization Type
Sterling Heights, MI 48313	Check box if this expenditure is payment	of	
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name Emily Henningsen		11/20/17	. ==
, · · · · · · · · · · · · · · · · ·	Campaign Support Services All in house	Date	\$ <u>55</u>
Address	Purpose:		
Same	Cli	ck Here for Memo	Itemization Type
	Check box if this expenditure is payment	t of	
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name Macomb County Clerk		11/20/17	
Macomb County Clerk	Purpose: Late Filing Fees	Date	\$ <u>25</u>
Address	Purpose: Late 1 milg 1 ccs	Date	
120 N. Main St.	<u></u>	ick Here for M emo	Itemization Type
Mt. Clemens, MI 48043	Check box if this expenditure is paymen debt or obligation reported on previous	t of	
Fund Raiser	statement		
	S	ubtotal 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



DEBTS AND OBLIGATIONS 1. Commisse I.D. Humber CTE Michael C. Taylor CANDIDATE COMMITTEE 2. Commisse Name CTE Michael C. Taylor This screenile tembers [Check either a or is. Use only for the purpose treated.] 3. Name and Making Address of purson, vendor or invention to description to whom stable to over the purpose of purson. The purpose of purson of the purpose of purson of the purpose of purson. The purpose of purson of the purpose of purson. The purpose of purson of the purpose of purson of the purpose of purson. The purpose of purson of the purpose of purson of the purpose of purson. The purpose of purson of the purpose of purson. The purpose of purson of the purpose of purson. The purpose of purson of the purpose of the p						
incorporated business. If debt is a bank loan, please gravide information regarding the and majors or automore, if any,	incurred 6. Indicate original emount of debt			(lien 6 Mas Nem 6)		
Debt st Capt Yes Consider of by: Taylor, Michael C. 35051 Kensington Ave Starling Heighls, MI 48312	4. Type: In-Kind Loan 5. Date Path Was Incarred: 08/14/09 6. Original Amount of Date: 18 75.51		\$ <u>0.00</u>	:s 75.51		
If burn't form, runne of protoner or guerantor:		And	un Endorsed: 5			
Debt #2 Owen in or by: Taylor, Michael C. 35851 Kensington Ave Sterling Heights, MI 48312	4. Type: In-Kind Loan 5. Due Beht Was laward: 8/15/09 6. Oduled Amount of Delete 14.30	3	J 0.00	.s 14.30		
Detr#3 Cop7 Yes	4. Type: In-Kind Loan	·	Juni Esemi Hoo.			
Taylor, Michael C. 35551 Kensington Ave Sterling Heights, MI 48312	S. Dete Dabt Was invared: 8/18/09 Contained designed of Dabs 115.60		<u>. 0.00</u>	\$_115.80 FORGIVER		
f bent, foam, rusma of endorser or guaranton		- An	own Enderad: \$	TOOF 44		
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	I. Committee LD. Hamber 138		,_ 	
SCHEDULE 1E CANDIDATE COMMITTEE				
AUITAINAN SAUMIT INC	L. Committee Name CIE MIC			
This School Lambers:		Jilabi C. Faylor		
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a Tooks and philosophore owning or largium me a	oranitae DR b. Deb back ather a ar b. Use only, for the p	cabore conspect to overg To so	r large-sen by the co	mothe.
3. Name and Haling Address of person, vendor or Inancial institution to whom debt is owned.	(Daterpeon)	7. Date and amount of each payment	-8. Cumunitys payment to	R. Outstanding Baltimos at close
Check box to indicate whether debt is over it of an incorporated business. It dept is a bank loan, places	5. Indicate date debt vess iscomed d. Indicate oddinal emouts	ļ	date on data,	of this period (benz tiplnus tiem 3)
- provide information regarding the endomers or quarantees: if any,	al deta		<u> </u>	
Date of the Coupling Yes	4. Type: In-Kind Loan			
Taylor, Michael C.	5. Daie Debl-Was lacered:	3	Ì,	
35651 Kensington Ave	09/08/08		·	
Starting Heights, MI 48312	. 8. Original Amount of Debt		1 0.00	₹ <u>550.00</u>
	550.00			FORGIVEN
•	3 00000	1		
If bunk toon, name of probusts or guaranter.		Armo	uni Errorred: 3 -	
Did #2 Comp? You	4. Type in-Kind Loan	1		
Taylor, Michael C.	. 5. Date Debt Was Incorred:			
35651 Kensington Ave	10/2/09			
Steding Heights, MI 48312	6. Orlains Amount of Debr		s 0.00	3 1107.82
	1107.82			FORGIVEN
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If bank tem, make of endorser or guaranter.		Art	eart Endorsed: \$	
Deleted Compt Yes	4. Type: In-Kind-Loan	1		
Taylor, Michael C.	5. Date Debl Was lacured:	.5	j	
15651 Kensington Ave	10/1/09			
sterling Heights, MI 48312	8. Original Amount of Dabi		<u>0.00</u> [\$ 52.97
	s 62.97			. TORONEN
		8		
i bunk loan, nama al andonaar er gusterilar.		Art.	ount Endonsect, t	
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DEBTS AND OBLIGATIONS (Committee I.D. Number 138	5411		
AVIANINAI P AONIWII I ZE	COMPRESSED CTE MIC	chael C. Taylor	·	
Thin Schemie Bantos:	· · · · · · · · · · · · · · · · · · ·	····		
Oches and obligations owesly or lorgiven the con	milites OR :b, Deb or either a or b. Use only locate p	is and obligations owed jo o	r longituen by the co	nwitte.
Name and Mailing Address of person, version of funncial institution is whom dobt is event.	4. Type of Onlightion (Description) 5. Indicate date date was	7. Date and amount of each payment	& Cursulative perment to duck on debt	9. Outstanding Balance at dose of this seried
Check box trindicate whether debt is overe to an incorporated business. When his a bank loan, presse provide information regarding the enclosure of	ficured 6. Indicate original amount	·	- Creation Good	(Itam 8 minus (Itam 8)
CHERONICAL HEAVY	of debt			
Debt #1 Corp? Yes	4. Type: In-Kind Loan	s		•
Taylor, Michael C.	1. Dete Debi Was lacutred:	\$,	
35651 Kensington Ave	07/08/11			
Sterling Heights, MI 48312	E. Original Amount of Daby:	*	; 0:00	\$.556.5
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If sends Joan, manus of project on 61 puter actor.		Amo	urk Endoned: 3	
Check to be by:	4. Type in-Kind Loan		;	
Taylor, Michael C.	S. Dete Dobt Way forerend:	•		
35651 Kensington Ave	97-11			
Sterling Heights, MI 48312	6. Original Amount of Debt		7 0.00	1633,82
	\$ 1533.62		:	FORGIVEN
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Date 4C3 Corp? Yes Queed to 6r by:	4 Type: In-Kind Loan	<u>s</u>		•
Saylor, Michael C.	J. Dan Debt Was lacetrid:	3	· i	
15651 Kensington Ave	D-29-11	5		
Sterling Heights, Mi 48312	6. Drightel Amount of Debt .		1 0.00	<u> 130</u>
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surk toxic runns of endoises or puncturies:		Am	ouni Erndoment: 1	·
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DEBTS AND OBLIGATIONS	Committee LD. Namber 138	8477			
CANDIDATE COMMITTEE 2	COMMITTEE PROPERTY CTE MI	chael C. Taylor			
The Schedule beneau:					
a ZiDebts and abdipators owed by or longiven the por					
(C)	rimities Off bDel eck either a or b. Use only for this p	bis and obligations owed <u>to</u> a primosa checked.)	tendenov DA mos to	mintoed.	
3. Name and Halling Address of person, vendor or	4. Type of Obligation	7, Dale and aroours of	1. Comulative	8. Outstanding	
Instructed institution to whom doth is owed.	(Description) 5. Indicate date date was	ercy balting	payment to date on dest	Rajusco et tione of this period	
Chart for to indicate whome debuts owned to an incorporated business. If debt is a bank joen, piecese	incurrent 6. Indicate original sumpara	1		(lien 6 minus hem 81	
is stated and authorise production in action and a serior	6. Notice Sidnes mitter	1		Name of	
Contractors, Farry,					
Owned to per by:	4. Type In-Kind Loan			ł	
Taylor, Michael C.	S. Date Rebt Was incorred:			Į	
35851 Kensington Ava	09/07/11		i	i	
Sterling Heights, MI 48312			, 0.00	159.00	
	B. Drighal Amount of DebC	1			
	159,00	ì .		FORGIVEN	
It bank loan, theme of endorsor or guarantee:		Amo	uni Endorsed: \$		
Dest #2 Corp1 Yes	4. Type: In-Kind Loan				
Owed to or by:					
Taylor, Michael C.	J. Date Debi Was Incorred:				
35651 Kensington Ave	9-7-11	3	2.22	- 23,50	
Stedling Heights, MI 48312	a. Original Amount of Debt	,	0.00	2 20,00	
•	\$ 23.30			FORGIVEN	
[] bank loan, mano of andorser or guaranter:		A/IN	tuni Endorsod: S	*t.	
Outs to ar by:	4. Type: In-Kind Loan	5	į		
Taylor, Michael C.	5. Date Bebl Wer Incarred:	s			
35651 Kensington Ave	9-7-11		ļ		
Sterling Heights, MI 48312	6, Original Amount of Dabt	· · · · · · · · · · · · · · · · · · ·	3 D.DO	1 103.58	
	s 103.68			FORGIVEN	
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if but hase, runte of endorse or gue/tenor.		An	ouni Emporated &_		
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(Con	their ou stail be be of Scheding at	HOWING SIDERING DAKES DA SA	in And CETTERS DOUGH	Ertes are loss on line 12s "owed	
k plais or adapation must be shown on this Schedule if there was an outstanding amount owed on it at the civaling date of					
his Company Statement or it was forgiven during the	a partod covered by this Campa	egn Besternerit		Summary Page	

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DEBTS AND OBLIGATIONS 1	Commission LD, Humber 138	34//			
SCHEDULE 1E	2 Committee Name CTE Michael C, Taylor				
AVIANIAVI E OOBIUITI LEE	Сописион Нипе	unaci o, rayio			
This School in January					
e Debra and edipellans awader or larginess the co. (Ch	ministrate OR b. Daz ack estimate or b. Use only tot the p	ste smi solopations owed <u>to</u> s knaces charact)	c particul (SA the co	mritte.	
3. Name and Making Address of person, yendor or firmulal traduction to whom dobt is owed.	4. Type of Obligation (Description) 5. Indicate data debt was	7. Data and emount of such payment	B. Constitutive payment to	9. Outstanding Balanta at close	
Check box to indicate whether deal is owed to an incurporated business, if outsite a bank term, please provide information regarding the endersors or	incured 6. brainst original arrount of dobt	1	dela pri dobl	of this poded (them 6 minus item 6)	
dimentors, if any,					
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