

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 andidate.	3. This Sta	atement covers From	10/21/18		2/31/18		_
1. Committee I.D. Number		4. Candidate Last Name First Name M			M.I.			
138477		Taylor		Mic	hael		С	
		4a. Office Sought Including District # or Community Served (If applicable)						
2. Committee Name		Sterling Heights Mayor						
CTE Michael C. Taylor		4b. County of Residence MACOMB						
5. Committee's Mailing Address		6. Treasurer's Name & Residential Address						
14076 Red Pine Dr.		Michael C. Taylor				35	19	
Sterling Heights, MI 48313		14076 Red Pine Dr.				ည်		
		14076 Red Pine Dr. Sterling Heights, MI 48312		<u> </u>	MAR			
						XO.	2	
Area Code and Phone (586) 822-3500 If the address in this box is different from the commi								8
mailing address on the Statement of Organization, mail may be sent to this address by the filing official.		rii da dodd ar none <u></u>						
7. Treasurer's Business Address		8. Designated Record keeper's Name and Mailing Address (If the committee has a						
14076 Red Pine Dr.		Designated Record keeper)						
Sterling Heights, MI 48313								
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Area Code and Phone (586) 822-3500		Area Cod	le and Phone					
9. TYPE OF STATEMENT	D	11 V if annul		9e. Dissolu	ition of Candida	te Committe	6	
9a. Pre-Election OR 9b. Post-Election	Required ON is not on the	ballot for th		By checking this item I/We certify any outstanding debt				
Pre-Election or Post-Election Statement relates to:	current year:	current year: July Quarterly		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 oustanding assets, owes no lates fees or has any oustanding debt.				
	July Quart							
Primary	October C	uarterly						,
General	occoper a	duriting		Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.				
Convention								
Special	9c. 🔀 Annua	ıl Statemen	_{it (} 2018)	Effective date of dissolution				
School		Coverage Year			rective date of dis	ssolution		
Caucus	9d. X Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to		-					
	indicate which Statement is being		Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.			orted on		
	amend	ded.)				, . wgc.		
Date of Election, Convention or Caucus								
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10. Verification: I/We certify that all reasonable diligentylour knowledge and belief the contents are true, a	ence was used accurate and c	ın tne prep omplete.	aration of this statem	ent and attac	nea scheaules (If	any) and 10 t	ne best c)I
Current Treasurer or Michael C Ta	wlor	~	1 1	1		March 1	2 204	10
Designated Record keeper Date Iviation / Date								
Type or Print Name		S	griature	\Rightarrow				
Candidate Michael C. Taylor		1	T.	10	Date	March 1	12, 20	19
Type or Print Name		S	ignature	$\overline{}$				



1. Committee I.D. Number 138477

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name CTE Michael C. Taylor

CANDIDATE COMMITTEE	2. Committee Name	
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		Outhurative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 0.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$\$0.00	(18.) \$ \$0.00
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.) \$ \$0.00	(20.) \$ \$0.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$3,098.71	(21.) \$ \$3,098.71
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ \$0.00	(22.) \$ \$0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ \$3,736.01	
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.) \$ \$3,736.01	(23.) \$ \$3,736.01
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. 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)		#0.00
DEBTS AND OBLIGATIONS	(11.) \$ \$0.00	(24.) \$ \$0.00
12. Debts and Obligations	#4.500.04	
a. Owed by the Committee (Schedule 1E)	(12a.) \$ _\$4,526.84	
b. Owed to the Committee (Schedule 1E)	(12b.)\$ \$0.00	
	BALANCE STATEMENT	•
13. Ending Balance of last report filed	(13.) \$_\$24,312.89	_
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ \$0.00	<u></u>
(Line 5, Total Contributions & Other Receipts)	(15.) = \$_\$24,312.89	
15. SUBTOTAL Add lines 13 and 14	(16.) - \$ \$3,736.01	
 Amount expended during reporting period (Add lines 9 and 11) 		 '
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ \$20,576.88	*



ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK 1. Committee I. D. Number 138477

CANDIDATE CON	IMIT	TE
and from whom received	- 4	Tuna

2 Committee Name CTE Michael C. Taylor

Page

CANDIDATE COMM	ITTEE 2. Committee Name	
Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value 8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address: Michael C. Taylor 14076 Red Pine Dr. Sterling Heights, MI 48313 If over \$100.00 cumulative, please provide: Occupation: Attorney Employer Name & Business Address: Kirk, Huth, Lange & Badalamenti, PLC 19500 Hall Rd., Suite 100 Clinton Township, MI 48038 Fund Raiser Contribution	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOAN Description Vehicle Expense 5. Date Of Receipt: 12/17/18 6. Vendor Name & Address:	\$2,528.71 \$ ick for Memo Itemization Type
Contribution # 2 PAC Receipt? Yes Name & Address Michael C. Taylor 14076 Red Pine Dr. Sterling Heights, MI 48313 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOAN Description Cell Phone Expense 5. Date Of Receipt: 12/17/18 6. Vendor Name & Address:	270 \$ick Here for Memo Itemization
Contribution #3 PAC Receipt? Yes Name & Address: Michael C. Taylor 14076 Red Pine Dr. Sterling Heights, MI 48313 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: Fund Raiser Contribution	4.	\$lick Here for Memo Itemization
	Page Subtota Grand Total of all Schedules 1-i (Complete on last page of Schedule	K \$3 098 71

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