



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.

3. This Statement covers From: 01/01/21 to 07/18/21

1. Committee I.D. Number

138477

4. Candidate Last Name First Name M.I.

Taylor Michael C.

2. Committee Name

Committee to Elect Michael C. Taylor

4a. Office Sought Including District # or Community Served (If applicable)

Mayor of Sterling Heights

4b. County of Residence **MACOMB**

5. Committee's Mailing Address

**14076 Red Pine Dr.
Sterling Heights, MI 48313**

6. Treasurer's Name & Residential Address

**Michael C. Taylor
14076 Red Pine Dr.
Sterling Heights, MI 48313**

Area Code and Phone (586) 822-3500

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.

Area Code & Phone (586) 822-3500

7. Treasurer's Business Address

8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)

Area Code and Phone _____

Area Code and Phone _____

9. TYPE OF STATEMENT

9a. ☒ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

- ☒ Primary
☐ General
☐ Convention
☐ Special
☐ School
☐ Caucus

Required ONLY if candidate is not on the ballot for the current year:

- ☐ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement (_____) Coverage Year

9d. ☒ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

Date of Election, Convention or Caucus

08/03/21

9e. Dissolution of Candidate Committee

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is hereby 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 **Michael C. Taylor**

Type or Print Name

Signature

Date **July 27 2021**

Candidate **Michael C. Taylor**

Type or Print Name

Signature

Date **July 27, 2021**



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138477
2. Committee Name Committee to Elect 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 <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? <input type="checkbox"/> YES 4. Date of Receipt <u>05/04/21</u> Name & Address: Nathan Inks 11848 Angus Cir STERling Heights, MI 48312 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>MI Supreme Court</u> Business Address <u>3034 W. Grand Blvd, Detroit, MI 48202</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ <u>2100</u>	\$ _____ Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/04/21</u> Name & Address: Fadi Hana 41374 Marksway Ct Sterling Heights, MI 48314 5. If over \$100.00 cumulative, please provide: Occupation <u>Real Estate</u> Employer <u>Self-Employed</u> Business Address <u>Same</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ <u>500</u>	\$ _____ Click Here for Memo Itemization
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/04/21</u> Name & Address: Salem Meram 39053 Ajanta Ct Sterling Heights, MI 48310 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ <u>500</u>	\$ _____ Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/04/21</u> Name & Address: Bill Winsten 4138 High Ridge Ann Arbor, MI 48105 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Honigman</u> Business Address <u>22900 First National Building, Detroit, MI 48226</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ <u>250</u>	\$ _____ Click Here for Memo Itemization

Page Subtotal **\$3,350.00**

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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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? <input type="checkbox"/> YES 4. Date of Receipt <u>06/01/21</u> Name & Address: Thomas Kemp 8459 Tipisco Tr Holly, MI 48442		\$ <u>1000</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Developer</u> Employer <u>Kemp Building</u> Business Address <u>275 W Girard, Madison Heights, MI 48071</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/01/21</u> Name & Address: Mike Samona 1100 W. Maple Rd Troy, MI 48084		\$ <u>1000</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Smoker's Outlet</u> Business Address <u>Same</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/22/21</u> Name & Address: William H. Frey 648 Lincoln Ave, Unit 2 St. Paul, MN 55105		\$ <u>500</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Doctor</u> Employer <u>Regions Hospital</u> Business Address <u>640 Jackson St, St Paul, MN 55101</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/22/21</u> Name & Address: Michael J. Rigall 28 Lullwater Est NE, Atlanta, GA 30307		\$ <u>500</u>	\$ <u>750</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$3,000.00**

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

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