



**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: 08/24/21 to 10/17/21

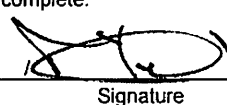
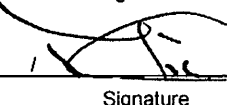
1. Committee I.D. Number 138477	4. Candidate Last Name Taylor	First Name Michael	M.I. C.
2. Committee Name Committee to Elect Michael C. Taylor	4a. Office Sought Including District # or Community Served (If applicable) Mayor of Sterling Heights		
	4b. County of Residence MACOMB		

5. Committee's Mailing Address 14076 Red Pine Dr. Sterling Heights, MI 48313 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 Michael C. Taylor 14076 Red Pine Dr. Sterling Heights, MI 48313 Area Code & Phone <u>(586) 822-3500</u>
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7. Treasurer's Business Address Area Code and Phone _____	8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) Area Code and Phone _____
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9. TYPE OF STATEMENT 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input 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>11/02/21</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.
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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 <u>October 22, 2021</u>
Candidate Michael C. Taylor Type or Print Name	 Signature	Date <u>October 22, 2021</u>



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 138477

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Committee to Elect Michael C. Taylor

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>5,800.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$5,800.00</u>	(18.) \$ <u>\$70,497.84</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u></u>	(19.) \$ <u></u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>\$5,800.00</u>	(20.) \$ <u>\$70,497.84</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>\$0.00</u>	(21.) \$ <u>\$1,125.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u></u>	(22.) \$ <u></u>
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>\$31,283.21</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u></u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u></u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>\$31,283.21</u>	(23.) \$ <u>\$55,088.93</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
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>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>\$0.00</u>	(24.) \$ <u>\$0.00</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
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>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>\$67,709.49</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$5,800.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>\$73,509.49</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$31,283.21</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$42,226.28</u>	*



**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>08/26/21</u>	
Name & Address: Salem Meram 39053 Ajanta Ct Sterling Heights, MI 48310		\$ <u>700</u>	\$ <u>1200</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	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/30/21</u>	
Name & Address: David Ayoub 48588 Leafdale Ct. Shelby Twp, MI 48317		\$ <u>100</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ 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	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/10/21</u>	
Name & Address: Marty Lewicki 8147 River Rd Cottrellville, MI 48039		\$ <u>500</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Highway Auto Parts</u> Business Address <u>8147 River Rd., Cottrellville, MI 48039</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>09/10/21</u>	
Name & Address: Khoder Abdallah 38229 Pinebrook Dr. Sterling Heights, MI 48310		\$ <u>500</u>	\$ <u>750</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Real Estate</u> Employer <u>Self-Employed</u> Business Address <u>38229 Pinebrook Dr., Sterling Heights, MI 48310</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	

Page Subtotal \$1,800.00

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

Enter this total on
line 3a of Summary
Page.



**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)
<p>3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/10/21</u></p> <p>Name & Address:</p> <p>Cecil St. Pierre 43805 Van Dyke, Suite A Sterling Heights, MI 48314</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Boyer, St. Pierre & Aull</u> Business Address <u>43805 Van Dyke, Suite A, Sterling Heights, MI 48314</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>500</u>	\$ _____
		Click Here for Memo Itemization	
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/10/21</u></p> <p>Name & Address:</p> <p>Raechel Badalamenti 19500 Hall Rd., Suite 100 Clinton Township, MI 48038</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Kirk, Huth, Lange & Badalamenti, PLC</u> Business Address <u>19500 Hall Rd., Suite 100, Clinton Twp, MI 48038</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>500</u>	\$ _____
		Click Here for Memo Itemization	
<p>3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/14/21</u></p> <p>Name & Address:</p> <p>Aaron Rasty 23751 Hoover Rd. Warren, MI 48089</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Sozo Companies</u> Business Address <u>23751 Hoover Rd, Warren, MI 48089</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>500</u>	\$ _____
		Click Here for Memo Itemization	
<p>3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/21/21</u></p> <p>Name & Address:</p> <p>Nicolas Taylor 52440 Cheswick Ct. Shelby Twp, MI 48315</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Accountant</u> Employer <u>KPMG</u> Business Address <u>150 W. Jefferson Ave., #1900, Detroit, MI 48226</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>1000</u>	\$ _____
		Click Here for Memo Itemization	

Page Subtotal **\$2,500.00**

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

Enter this total on
line 3a of Summary
Page.



**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 checked="" type="checkbox"/> YES	4. Date of Receipt <u>09/22/21</u>	
Name & Address: Citizens for Honest Government 12955 23 Mile Rd. Shelby Twp, MI 48315		\$ <u>500</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ 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	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/05/21</u>	
Name & Address: Debra O'Brien 52719 Florence Dr. Shelby Twp., MI 48315		\$ <u>500</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	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/05/21</u>	
Name & Address: Paul Doppke 21646 Erben St. St. Clair Shores, MI 48081		\$ <u>500</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Landscape Services, Inc.</u> Business Address <u>22932 Rasch, Clinton Twp., MI 48035</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 _____	
Name & Address: 		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$1,500.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule) **\$5,800.00**

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 Swing Fore the Cure Address 38180 Utica Rd Sterling Heights, MI 48312 <input type="checkbox"/> Fund Raiser	Purpose: <u>Golf Outing Sponsorship</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/24/21</u> Date	\$ <u>500</u>
Expenditure #2 Name M. Beshara, Inc. Address 10020 Capital St. Oak Park, MI 48237 <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/27/21</u> Date	\$ <u>935.20</u>
Expenditure #3 Name City of Sterling Heights Address 40555 Utica Rd Sterling Heights, MI 48313 <input type="checkbox"/> Fund Raiser	Purpose: <u>Voter Lists</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/27/21</u> Date	\$ <u>\$33</u>
Expenditure #4 Name Facebook Address 1 Hacker Way Menlo Park, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>Facebook Ads</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/01/21</u> Date	\$ <u>241.74</u>
Expenditure #5 Name iStorage Address 41250 Garfield Ave Clinton Twp, MI 48038 <input type="checkbox"/> Fund Raiser	Purpose: <u>Storage Unit</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/02/21</u> Date	\$ <u>256</u>

Subtotal this page	\$1,965.94
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 Detroit Free Press Address 160 W. Fort St Detroit, MI 48226 <input type="checkbox"/> Fund Raiser	Purpose: <u>Newspaper Subscription</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/15/21</u> Date	\$ <u>9.99</u>
Expenditure #2 Name M. Beshara, Inc. Address 10020 Capital St Oak Park, MI 48237 <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/20/21</u> Date	\$ <u>7491.02</u>
Expenditure #3 Name Amway Grand Hotel Address 187 Monroe NW Grand Rapids, MI 49503 <input type="checkbox"/> Fund Raiser	Purpose: <u>Conference Expense - Meals</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/22/21</u> Date	\$ <u>181.16</u>
Expenditure #4 Name C&G Newspaper Address 13650 E Eleven Mile 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>09/24/21</u> Date	\$ <u>1525</u>
Expenditure #5 Name CTE Maria Schmidt Address 35755 Woodvilla Dr Sterling Heights, MI 48312 <input type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser Ticket</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/27/21</u> Date	\$ <u>100</u>

Subtotal this page **\$9,307.17**
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 Pilot Gasoline Address 1100 N. Dixie Hwy Monroe, MI 48162 <input type="checkbox"/> Fund Raiser	Purpose: <u>Vehicle Fuel - Travel to Conference</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/01/21</u> Date	\$ <u>41.27</u>
Expenditure #2 Name Facebook Address 1 Hacker Way Menlo Park, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>Facebook Ads</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/01/21</u> Date	\$ <u>176.68</u>
Expenditure #3 Name Mass Mailing Address 35468 Mound Rd Sterling Heights, MI 48310 <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage & Mail Service</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/04/21</u> Date	\$ <u>8829.62</u>
Expenditure #4 Name C&G Newspaper Address 13650 E. Eleven 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>10/06/21</u> Date	\$ <u>3050</u>
Expenditure #5 Name Facebook Address 1 Hacker Way Menlo Park, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>Facebook Ads</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/08/21</u> Date	\$ <u>250</u>

Subtotal this page **\$12,347.57**
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 Mass Mailing Address 35468 Mound Rd Sterling Heights, MI 48310 <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage & Mail Service</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/12/21</u> Date	\$ <u>\$5887.53</u>
Expenditure #2 Name C&G Newspaper Address 13650 E. Eleven 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>10/14/21</u> Date	\$ <u>1525</u>
Expenditure #3 Name Facebook Address 1 Hacker Way Menlo Park, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>Facebook Ads</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/15/21</u> Date	\$ <u>250</u>
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **\$7,662.53**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$31,283.21**

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 itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ 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: Corp? <input type="checkbox"/> Yes Taylor, Michael C. 14076 Red Pine Dr. Sterling Heights, MI 48313	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: Corp? <input type="checkbox"/> Yes Taylor, Michael C. Same	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: Corp? <input type="checkbox"/> Yes Taylor, Michael C. Same	4. Type: <u>In-Kind Loan</u> 5. Date Debt Was Incurred: <u>8/16/09</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.



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

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

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ 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: Corp? <input type="checkbox"/> Yes Taylor, Michael C. 14076 Red Pine Dr. Sterling Heights, MI 48313	4. Type: <u>In-Kind Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>09/08/09</u> 6. <u>Original Amount of Debt:</u> <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: Corp? <input type="checkbox"/> Yes Taylor, Michael C. Same	4. Type: <u>In-Kind Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>10/2/09</u> 6. <u>Original Amount of Debt:</u> <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: Corp? <input type="checkbox"/> Yes Taylor, Michael C. Same	4. Type: <u>In-Kind Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>10/1/09</u> 6. <u>Original Amount of Debt:</u> <u>\$ 62.97</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 62.97 <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)

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

This Schedule itemizes:				
a. <input checked="" type="checkbox"/> Debts and obligations owed by or forgiven the committee OR b. <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 6 minus item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Taylor, Michael C. 14076 Red Pine Dr. Sterling Heights, MI 48313	4. Type: <u>In-Kind Loan</u> 5. Date Debt Was Incurred: <u>07/06/11</u> 6. Original Amount of Debt: \$ <u>556.60</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>556.5</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: Taylor, Michael C. Same	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>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>1533.82</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: Taylor, Michael C. Same	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>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>130</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Page Subtotal (Outstanding debt)				\$2,220.32
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 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 I.D. Number 138477
2. Committee Name CTE Michael C. Taylor

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ 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 endorsers or guarantors, 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 Corp? <input type="checkbox"/> Yes Owed to or by: Taylor, Michael C. 14076 Red Pine Dr. Sterling Heights, MI 48313	4. Type: <u>In-Kind Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>09/07/11</u> 6. <u>Original Amount of Debt:</u> <u>\$ 159.00</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 159.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: Taylor, Michael C. Same	4. Type: <u>In-Kind Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>8-7-11</u> 6. <u>Original Amount of Debt:</u> <u>\$ 23.30</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 23.30 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: Taylor, Michael C. Same	4. Type: <u>In-Kind Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>9-7-11</u> 6. <u>Original Amount of Debt:</u> <u>\$ 103.88</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 103.88 <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 I.D. Number 138477
2. Committee Name CTE Michael C. Taylor

This Schedule itemizes:

a. ☐ Debts and obligations owed by or forgiven the committee OR b. ☐ 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 Corp? <input type="checkbox"/> Yes Owed to or by: Michael C. Taylor 14076 Red Pine Dr. Sterling Heights, MI 48313	4. Type: <u>In Kind Loan</u> 5. Date Debt Was Incurred: <u>09/29/11</u> 6. Original Amount of Debt: <u>\$ 94.34</u>	\$ \$ \$ \$ \$	\$	\$ 94.34 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____	\$ \$ \$ \$ \$	\$	\$ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____	\$ \$ \$ \$ \$	\$	\$ <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 **\$4,526.84**
(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

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