

### CANDIDATE COMMITTEE COVER PAGE

#### FOR OFFICIAL USE ONLY

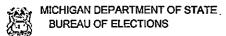
Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and ca	signed by andidate.	3. This Statement covers From	: 10/18/21	to 11/22/21
1. Committee I.D. Number		4. Candidate Last Name	First Na	me M.I.
138477		Taylor	Michael	C.
2. Committee Name		4a. Office Sought Including Dis Mayor of Sterling Heig	•	rved (if applicable)
Committee to Elect Michael C.	Taylor	4b. County of Residence MA		•
5. Committee's Mailing Address	•	6. Treasurer's Name & Reside		<del></del>
14076 Red Pine Dr.		Michael C. Taylor		
Sterling Heights, MI 48313		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 commitmation address on the Statement of Organization, r	ittee nail may	(506) 00	2 2500	
be sent to this address by the filing official.		Area Code & Phone (586) 82		<del></del>
7. Treasurer's Business Address		Designated Record Keeper     Designated Record Keeper)	s Name and Address (If	the committee has a
		Joseph Jo		
<i>"</i>				
Area Code and Phone		Area Code and Phone		<del></del>
9. TYPE OF STATEMENT	Poguired ON	NLY if candidate	9e. Dissolution of Ca	indidate Committee
9a. Pre-Election OR 9b. Post-Election	is not on the	ballot for the		em I/We certify any outstanding debt
Pre-Election or Post-Election Statement relates to:	current year:	:	by discharged and forg	e candidate or his or her spouse is here given, and no longer collectible from ommittee has no oustanding assets,
	July Quart	terly		ommittee has no oustanding assets, las any oustanding debt.
Primary	October C	) vadodu		
⊠General	locroper c	quarterry	Further, if the dissolution	on cannot be granted, that this be or the Reporting Waiver.
Convention			Solioido de de la quaet in	, the repotang reasons
Special Special	9с. ПАпли	al Statement ( )		
School		Coverage Year	Effective dat	e of dissolution
Caucus		dment to Campaign Statement		
	indica	plete Item 9a, 9b, 9c or 9e to te which Statement is being		of residual funds must be reported on
	amen	ded.)	Schedule 1B and the S	ounmary Fage.
Date of Election, Convention or Caucus				
11/02/21				
				·
10. Verification: IWe certify that all reasonable diliging mylour knowledge and belief the contents are true,	ence was used accurate and c	in the preparation of this statem omplete	ent and attached sched	ules (if any) and to the best of
Current Treasurer or Michael C. Ta	avlor /	TA X		December 8, 2021
Designated Record keeper Type or Print Name	Ay 101	Stonaure	The state of the s	Date
Type of Fint Name	<b>\</b>		$\mathcal{A}$	•
Candidate Michael C. Taylor			10-6	Date
Type or Print Name	<del></del>	Signature	1	Jaic
Authority granted under P.A. 388 of 1976		<u>·</u> ·		

I. Committee I.D. Number 13047	umber 13847	.D. Number 13847	Committee	١.
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## SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name Committee to Elect Michael C. Taylor

RECEIPTS	Column I	Column II
3. Contributions	This Period	Cumulative this election cycle .
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 1,350.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$_\$1,350.00	(18.) \$ \$71,847.84
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ _\$1,350.00	(20.) \$ \$71,847.84
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$0.00	(21.) \$ \$1,125.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES	_	
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ \$12,716.54	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	(23.) \$ \$67,805.47
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
Disbursements     a. Itemized (Schedule 1C, Column 6)	(10a.) \$ \$0.00	
b. Unitemized (less than \$50.01 each - no Schedule)  11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS	(10b.) \$ _\$0.00	
(Add Line 10a + Line 10b)	(11.) \$ \$0.00	(24.) \$ \$0.00
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(114) 4 <u>.                                   </u>	(GT-) ¥
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.) \$ \$42,226.28	•
(Enter zero if no previous reports have been filed.)  14. Amount received during reporting period	(14.) + \$ \$1,350.00	
(Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14	(15.) = \$_\$43,576.28	
16. Amount expended during reporting period     (Add lines 9 and 11)	(16.) - \$ \$12,716.54	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ \$30,859.74	•



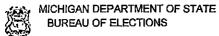
#### **ITEMIZED CONTRIBUTIONS SCHEDULE 1A**

#### 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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/20/21  Name & Address:  Hetal Gandhi		
41450 Carmela Ct. Northville, MI	<sub>\$</sub> 100	<b>\$</b>
5. if over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer	Office Tiere to	· Wellio Rellization
Business Address		
Type of Contribution: 🗸 Direct Loan from a person Fund Raiser		· 
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/20/21  Name & Address		
Piyush Anam 5361 Livernois Rd Troy, MI 48098	<sub>\$</sub>	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	r Memo Itemization
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/20/21		
Rajeev Patel	100	
2810 Burningbush Dr.	<sub>\$</sub> 100	\$
Sterling Heights, MI 48314	Click Here for	Memo Itemization
5. If over \$100.00 cumulative, please provide:		•
Occupation Employer		
Business Address  Type of Contribution:   Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt?  YES 4. Date of Receipt 10/21/21		
Name & Address		
Friends of Nate Shannon 43313 Interlaken Dr.	<sub>\$</sub> 50	
Sterling Heights, MI 48313	<b>*</b>	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution:		
Page Subtotal	\$350.00	_
Grand Total of All Schedules 1A		•
(Complete on last page of Schedule)	Enter this total on line 3a of Summary Page.	<del></del> , .



#### ITEMIZED CONTRIBUTIONS **SCHEDULE 1A**

#### **CANDIDATE COMMITTEE**

2. Committee Name

Committee to Elect Michael C. Taylor

Enter contributor's name middle initial. Check box Committee (PAC) Report	to indicate if contri	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)		
Contribution # 1  Name & Address:	PAC Receipt?	YES 4. Date of Re	eceipt 11/15/21		
Marvin Karana 4430 Woodbridge Waterford, MI 483				<sub>\$</sub> 500	\$
5. If over \$100.00 cumul		ide:			
Occupation Owner		Employer Karana Law	V	Click Here fo	or Memo Itemization
	0 Telegraph R	d., Suite 250, Southfiel			
Type of Contribution:		Loan from a person	Fund Raiser		
3. Contribution #2 Name & Address	PAC Receipt?		ceipt 11/15/21		
Mark Marasco 48627 Trillium Avo Macomb Twp, MI		·		<sub>\$</sub> 500	\$
5. If over \$100.00 cumula	ative, please prov	ide:		Click Here fo	r Memo Itemization
Occupation Owner		Employer Protean Corp	oration		
Business Address 4862	7 Trillium Ave,	Macomb, MI 48042			
Type of Contribution: 🗸		Loan from a person	Fund Raiser		
3. Contribution # 3 Name & Address:	PAC Receipt?	YES 4. Date of Ro	eceipt	•	
				<u> </u>	\$
5. If over \$100.00 cumul	ative, please prov	ride:		Click Here for	r Memo Itemization
Occupation		Employer			
Business Address			·		
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
3. Contribution # 4 Name & Address	PAC Receipt?	YES 4. Date of F	Receipt		
				\$	\$
5. If over \$100.00 cumu	ative, please pro	vide:		Click Here fo	r Memo Itemization
Occupation		Employer			
Business Address	_				
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
' <u>-</u>		· .	Page Subtotal	\$1,000.00	
			Grand Total of All Schedules 1A	\$1,350.00	
,		(C	omplete on last page of Schedule)	Enter this total on	_ <b></b> i
Page 2 of 2		•		line 3a of Summary Page.	<i>'</i>



## ITEMIZED EXPENDITURES

1	3	84	7	7
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SCHEDULE 1B	1. Committee I. D. Number		
	2. Committee Name CTE Michael C. Tay	lor	
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		10/18/21	·- 40.00

5. Natite and address of person of vendor to wholh paid	4. Fulpose (Required information)	5. Date	o. Altiount
Expenditure #1			
Name Detroit Free Press		10/18/21	s 19.98
Address	Purpose: Newspaper Subscription	Date	,
160 W. Fort St.	Click H	lere for Memo I	temization Type
Detroit, MI 48226			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2			
<sup>Name</sup> M. Beshara, Inc.	·	10/21/21	\$ 1948.28
Address	Purpose: Printing	Date	
10020 Capital St.	Click H	ere for Memo I	temization Type
Oak Park, MI 48237	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3	Violation		
Name Rochester Chop House		40100104	
Nochesier Onop House		10/22/21	\$ <u>137.85</u>
Address	Purpose: Meeting Expense	Date	<del></del>
306 S. Main St	Click H	ere for Memo II	temization Type
Rochester, MI 48307			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous		
<u> </u>	statement		
Expenditure #4			
Name Mass Mailing		10/26/21	\$ 3368.89
Address	Purpose: Mailing Service	Date	= =====================================
35468 Mound Rd			
Sterling Heights, MI 48310	Click H	ere for Memo I	temization Type
,	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name C&G Newspaper		40/07/04	
Oxo Newshahei	Nowananar Ad	10/27/21	\$ 1665
Address	Purpose: Newspaper Ad	Date	•
13650 E. Eleven Mile	Click F	lere for Memo	temization Type
Warren, MI 48089	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
<u></u>		tal this page	\$7,140.00
			Ψ7,170.00
	Grand Total of all S (Complete on last page		
	/oombiere an weeked.		<del></del>

Enter this total on line 8a of Summary Page



# SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

138477

2. Committee Name	CTE	Michael	C.	Taylor

3. Name and address of person of vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1		<del>-</del>	
Name Facebook		11/01/21	\$ 23.32
	Purpose: Facebook Ads	Date	\$ 23.32
Address	Purpose: Tabebook 7 (ds	,	
1 Hacker Way	Click	Here for Memo	temization Type
Menlo Park, CA 94025	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #2	statement		
·			
Name Sam's Club		11/01/21	\$ 307.10
Address	Purpose: Party Food	Date	<del></del>
	t dipose.		
45600 Utica Park Blvd	Click	Here for Memo I	temization Type
Utica, MI 48315	Check box if this expenditure is payment of		•
Fund Raiser	debt or obligation reported on previous		
Expenditure #3	statement	-	
•			
Name Mass Mailing		11/01/21	s 5077.50
Address	Purpose: Mail Service	Date	\$ <del>0077.00</del>
35468 Mound Rd	ruipose.		
Sterling Heights, MI 48310	Click	Here for Memo I	temization Type
Sterling Heights, Wil 40010	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4	otalomon		
Name iStorage		44100104	
Otorage		11/02/21	<b>\$ 128</b>
Address	Purpose: Storage Unit	Date	
41250 Garfield			
Clinton Twp, MI 48038	Click	Here for Memo I	temization Type
·	Check box if this expenditure is payment of	•	
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name Mae's Restaurant		11/22/21	\$ 40.62
Address	Purpose: Meeting Expense	Date	4 40.02
64 Macomb Pl	· ·	Here for Memo	Itemization Type
Mt. Clemens, MI 48043	Check box if this expenditure is payment of		nemization Type
	debt or obligation reported on previous	•	
Fund Raiser	statement	<del>_</del> -	
•	Subt	total this page	\$5,576 <i>.</i> 54
•	Grand Total of all	   Schedules 1B	\$10 716 E4
	(Complete on last pag		\$12,716.54

. Page \_\_\_\_ of \_\_\_

Enter this total on line 8a of Summary Page



### **DEBTS AND OBLIGATIONS**

138477 1. Committee I.D. Number SCHEDULE 1E 2. Committee Name CTE Michael C. Taylor CANDIDATE COMMITTEE This Schedule Hernites: a Chebis and obligations awad by or forgiven the committee OR b. Debts and obligations awad 10 or forgiven by the committee.

(Check either a or b. Use only for the purpose chacked.) 3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. 4. Type of Obligation 7. Dale and amount of 6. Cumulative B. Cutatanding Balance at close (Description) onch payment payment to 5. Indicate date debt was dele on debt of this period 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 incurred (ilem 8 minus 6. Indicate original amount Hem 8) of debt quarenton, Very. Debt #1 Cup? Yes 4. Type: In-Kind Loan Owed to or by: Taylor, Michael C. 5. Date Debi Was Incurred: 14076 Red Pine Dr. 08/14/09 Sterling Helphts, MI 48313 s\_ 75.51 \$\_0.00 6. Original Amount of Debt 75.51 **FORGIVEN** If bank loan, name of andorser or guaranton Amount Endorsed: 5 Debt #2 4. турс: In-Кілd Loan Owed to or by: Taylor, Michael C. 5. Date Dobi Was Incurred; Same 8/15/09 \$ 0.00 14.30 8. Orleinal Amount of Debt: s 14.30 FORGIVEN if bank loss, name of endorser of guarantor. Amount Endorsed: 8 Dabl #3 4. Type: In-Kind Loan Owed to or by: Taylor, Michael C. 5. Date Debt Was Incorred: Same 8/16/09 **115.60** \$ 0.00 8. Original Amount of Debt: 5 115.60 FORGIVEN Amount Endorsed: \$ if bank loss, name of endorser or guarantor: \$205.41 Page Subtotal (Outstanding debt) Grand Total of all Schedules 15 (Complete on tast page of Schedules showing amounts owns by or to the committee) Enter this total on line 12a "owed

A debt probligation must be shown on this Schedule if there was an outstanding amount owed onk of the closing date of this Compaign Statement or it was forgiven during the period covered by this Compaign Statement

by or line 12b Summary Page

Page 1 of 5



Debis	AND	OBL	GAT	IONS
_				

1. Committee I.O. Number 138477

schedule 1e						
CANDIDATE COMMITTEE 2.1	Committée Name CTE Mi	ichael C. Taylo	or			
This Schedule Kemizes:	<del></del>					
a Dabts and obligations owed by or forgiven the committee OR b. Debts and obligations owed 10 or forgiven by the committee.  (Check either a or b. Use only for the purpose checked.)						
Name and Malling Address of person, vendor or financial institution to whom debt is owed.	4. Type of Obligation (Description) 5. Indicate date debt was	7. Date and appoint of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period		
Check box to indicate whether debt is owed to an incorporated business. If dobt is a bank loan, please provide information regarding the endorsers of guaranton, if any.	incurred 6. Indicate original amount of debt		nem out made	(item 6 minus Item 8)		
Debt #1 Corp? Yes Owed to or by:	4. Type: In-Kind Loan	5				
Taylor, Michael C. 14076 Red Pine Dr.	5. Date Dabt Was Incurred:	\$		! !		
Sterling Heights, MI 48313	09/08/09		0.00	s 550.00		
, , , , , , , , , , , , , , , , , , , ,	8. Original Amount of Debt:	\$	\$ <u>0.00</u>	\$ 000.00		
	\$ 550.00			FORGIVEN		
If bank loan, name of endorser or guaranton		An	ount Endorsed: 5			
Debt #2 Corp? Yes Owed to or by:	4. Type: In-Kind Loan	\$				
Taylor, Michael C.	5. Date Debt Was Incurred:	•				
Same	10/2/09	1				
	6. Original Amount of Dabt:	·	5 0.00	\$_1107.82		
	s 1107.82			FORGIVEN		
If bank loon, name of endorser or guaranton						
Cebt#3 Corp? Yes	4, Type: In-Kind Loan	A'	nount Endorsed: \$			
Owed to orby:			1			
Taylor, Michael C. Same	5. Pate Debt Was Incurred: 10/1/09	<del>-</del>				
Came	6. Original Amount of Dabt:	\$	s_0.00	s 62.97		
	s 62.97	<u> </u>	1 \$ _0,00 1	FORGIVEN		
	V					
if bank loan name of endorser or guarantor:		A	nount Endorsed: \$			
		Page Subiota	(Outstanding dabit)	\$1,720.79		
(Co	mplete on last page of Schedule (	Grand Total thowing amounts owed by o	of all Schedules 1E or to the committee)	Entat the toil		

A debt or obligation must be shown on this Schedulo If there was an outstanding amount owndon hat the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12m "owed by" of line 12b "owed to" of the Summery Page

Page 2 of 5



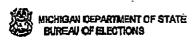
DEBTS	AND	OBL	GA	TION	9
_					

1. Committee I.D. Number 138477

138477

CANDIDATE COMMITTEE 2. Committee Name CTE Michael C. Taylor				
CANDIDATE COMMITTEE 2.0	Committee Name CICIVIII	maero. Taylor		
This Schedule Itemices:				
a Cebts and obligations awad by at forgiven the com (Cite	milities DR b. Debi ck either a or b. Vice only for the pa	is and obligations owed <u>to</u> or apose checked.)	r forgiven <u>by</u> the co	writtes.
Name and Mailing Address of person, vender 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 guarantom, 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 Carp? Yes Owed to or by:	4. Typs: In-Kind Loan	5		
Taylor, Michael C. 14076 Red Pine Dr. Sterling Heighls, Mi 48313	5. Date Debt Was leagured: 07/08/11 6. Original Amount of Debt: \$ 558.60	\$\$ \$\$	<u>9_0.00</u>	\$ 556.5 FORGIVEN
if bank loan, name of endorser or guarantor.		Amo	unt Endorsed: \$	
Debt #2 Cwp? Yes Owed to or by: Taylor, Michael C.	4. Type: In-Kind Loan 5. Data Dube Was Insurred:			
Same	9-7-11 6. Original Amount of Bobt: \$ 1533.82	\$\$	\$ 0.00	\$ 1533.82
If bank toan, name of endorser or guaranter:		Arri	ount Endorsed: 5-	
Outside Corp? Yes Owed loar by: Taylor, Michael C. Same	4. Type: In-Kind Loan  5. Date Date Was Incurred: 9-29-11 6. Original Amount of Oobt: \$ 130	\$\$	\$ <u>0.00</u>	\$ 130 FORGIVEN
(f bank loan, name of endorser or guaranter:		Ar	nount Endorsed: \$_	
·	omplete on last page of Schedule	Grand Total thowing amounts owed by o		on line 12a fowed by or line 12b
A debt crobligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of "oved the of the this Campaign Statement or it was forgiven during the period covered by this Campaign Statement." Summery Page				

Page 3 d 5



Debts and obligations Schedule 1e Candidate Committee	1. Committee I.D. Number 138 2. Committee Name CTE Mic	3477 chael C. Taylor	,	
This Schedule Kernbeat				
Debts and obligations owed by or forgiven the	ne committee CR b. Deb (Check either a or b. Use only for the p	ts and obligations owed <u>to</u> o urpose checked.)	x forgiven <u>by</u> the con	matee.
, Name and Malling Address of person, vendor	of . 4. Type of Obligation	7. Date and amount of	8. Comulative	9. Quis

a Debts and obligations owed by or forgiven the com		o <u>ot</u> bewo analispide brus e	r forgiven <u>by</u> the cor	milioo.
(Che  3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check hos to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or quarantors, if any.	ck either a or b. Use only for the pr 4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	mose checked.) 7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Cutstanding Belance at close of this period (item 6 minus item 5)
Debt #1 Com? Yes Oved to arby: Taylor, Michael C. 14076 Red Pine Dr. Sterling Heights, MI 48313	4. Type: In-Kind Loan 5. Date Debt Was Insurred: 09/07/11 6. Original Amount of Debt: \$ 159.00	\$	s <u>0.00</u>	3_159.00 FORGIVEN
If bank loan, name ofernlorser or guaranter:		And	unt Endorsed: \$ -	
Debt #2 Corp? Yes Owed to a by: Taylor, Michael C. Same  If benk loza, name of enforser or guarantor.	4. Type: In-Kind Loan  5. Date Debt Was Interred:  6-7-11  6. Original Amount of Debt  23.30	\$ \$ Ar	\$ 0.00	\$_23.30 
Debt #3 Corp? Yes Owed to or by: Taylor, Michael C. Same  If bank loss, name of enforcer or quarentor:	4. Type: In-Kind Loan 5. Date Debt Wes Incurred: 9-7-11 6. Original Amount of Debt: 8. 103.68	\$\$	S_O.00	\$_103.68 FORGIVEN
II SCHOOL INCH A BRIDGE BLOCK AND ALL		<del></del>		\$285.98
			(Cutstanding debt)	<del></del>
		Grand Total	of all Schedules 1E	

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

Enter thin lote! on line 12s "owed by" or line 12b "owed to" of the Summery Page

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

Page\_L o\_5



DEBTS AND OBLIGATIONS 1.0	Committee I.D. Number 138	8477			
SCHEDIII E 4E		to a Contractor	<del></del>		
CANDIDATE COMMITTEE 2. Committee Name CTE Michael C. Taylor					
This Schedule itemizes:			<del></del>	<del></del>	
a Debts and obligations owed by or forgiven the com (Che	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)				
Name and Mailing Address of parson, vender or financial installion to whom debt is awed,	Type of Obligation     (Description)     Indicate date debt was	7. Date and amount of exchpayment	8, Cumulative payment to date on debt	9. Outstanding Balance at close of this period	
Check ber to indicate whether debt is owed to an incorporated business. If debt is a bank lean, please provide information regarding the endorsers or quaranters, if any.	incurred 6. Indicate original amount of debi			(item 6 minus ttem 6)	
Debt#1 Corp? Yes Owed to or by:	4. Type: In Kind Loan				
Michael C. Taylor 14076 Red Pine Dr.	5. Date Debt Was Incurred:	\$			
14076 Red Pine Dr.  Sterling Heights, MI 48313	09/29/11			94.34	
Carring Floighto, tra 40010	8. Original Amount of Dabt:	s	\$	\$	
	\$ 94.34			FORGIVEN	
If bank loan, name of endorser or guarantor:	<u> </u>	Amo	runt Endorsed: 5		
Debt #2 Corp? Yes					
Owed to or by:	4. Type:				
	5. Date Debt Was Incurred:	\$			
의 ·	8. Original Amount of Debt:		3	s	
*	\$	<u> </u>	T	FORGIVEN	
	<del></del>	\$		T"TLONGIASM	
If bank toan, name of endorser or guarantor:		Am	ount Endorsed: \$_		
Debt #3 Corp? Yes Owed to or by:	4. Type:				
	5. Date Debt Was Incurred:				
-	6. Orlainel Amount of Debt:		_	ģ	
		\$	, ,	FORGIVEN	
	<b>V</b>	<u> </u>		F-1 Month	
If bank loan, name of endorser or guaranton		An	nount Endorsed: \$_		
		Pege Subtotal	(Outstanding debt)	\$94.34	
				\$4,526.84	
(Complete on last page of Schedule anowing amounts owed by or to the committee)					

A debt or obligation must be shown on this Schedule II 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 "awed by" or tine 12b "awed to" of the Summary Page

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