



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED 2021 DEC 8 AM 11:31
MACOMB COUNTY CLERK

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: 10/18/21 to 11/22/21

1. Committee I.D. Number

138477

4. Candidate Last Name First Name M.I.

Taylor Michael C.

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

Mayor of Sterling Heights

2. Committee Name

Committee to Elect Michael C. Taylor

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

11/02/21

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 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.

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

December 8, 2021

Date

Candidate Michael C. Taylor

Type or Print Name

December 8, 2021

Date

Signature



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>1,350.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$1,350.00</u>	(18.) \$ <u>\$71,847.84</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>\$1,350.00</u>	(20.) \$ <u>\$71,847.84</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>\$12,716.54</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>\$12,716.54</u>	(23.) \$ <u>\$67,805.47</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>\$42,226.28</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$1,350.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>\$43,576.28</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$12,716.54</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$30,859.74</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>10/20/21</u> Name & Address: Hetal Gandhi 41450 Carmela Ct. Northville, MI		\$ <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 #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/20/21</u> Name & Address: Piyush Anam 5361 Livernois Rd Troy, MI 48098		\$ <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>10/20/21</u> Name & Address: Rajeev Patel 2810 Burningbush Dr. Sterling Heights, MI 48314		\$ <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 # 4 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>10/21/21</u> Name & Address: Friends of Nate Shannon 43313 Interlaken Dr. Sterling Heights, MI 48313		\$ <u>50</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	

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.



**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>11/15/21</u> Name & Address: <u>Marvin Karana</u> <u>4430 Woodbridge Ct.</u> <u>Waterford, MI 48328</u>		\$ <u>500</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Karana Law</u> Business Address <u>29500 Telegraph Rd., Suite 250, Southfield, MI 48034</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>11/15/21</u> Name & Address: <u>Mark Marasco</u> <u>48627 Trillium Ave</u> <u>Macomb Twp, MI 48042</u>		\$ <u>500</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Protean Corporation</u> Business Address <u>48627 Trillium Ave, Macomb, MI 48042</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 _____ 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	
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 \$1,000.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule) \$1,350.00

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 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>10/18/21</u> Date	<u>\$ 19.98</u> Click Here for Memo Itemization Type
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>10/21/21</u> Date	<u>\$ 1948.28</u> Click Here for Memo Itemization Type
Expenditure #3 Name Rochester Chop House Address 306 S. Main St Rochester, MI 48307 <input type="checkbox"/> Fund Raiser	Purpose: <u>Meeting Expense</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/22/21</u> Date	<u>\$ 137.85</u> Click Here for Memo Itemization Type
Expenditure #4 Name Mass Mailing Address 35468 Mound Rd Sterling Heights, MI 48310 <input type="checkbox"/> Fund Raiser	Purpose: <u>Mailing Service</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/26/21</u> Date	<u>\$ 3368.89</u> Click Here for Memo Itemization Type
Expenditure #5 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>10/27/21</u> Date	<u>\$ 1665</u> Click Here for Memo Itemization Type

Subtotal this page **\$7,140.00**
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 <u>Facebook</u> Address <u>1 Hacker Way</u> <u>Menlo Park, CA 94025</u> <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>11/01/21</u> Date	<u>\$ 23.32</u>
Expenditure #2 Name <u>Sam's Club</u> Address <u>45600 Utica Park Blvd</u> <u>Utica, MI 48315</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Party Food</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/01/21</u> Date	<u>\$ 307.10</u>
Expenditure #3 Name <u>Mass Mailing</u> Address <u>35468 Mound Rd</u> <u>Sterling Heights, MI 48310</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Mail Service</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/01/21</u> Date	<u>\$ 5077.50</u>
Expenditure #4 Name <u>iStorage</u> Address <u>41250 Garfield</u> <u>Clinton Twp, MI 48038</u> <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>11/02/21</u> Date	<u>\$ 128</u>
Expenditure #5 Name <u>Mae's Restaurant</u> Address <u>64 Macomb Pl</u> <u>Mt. Clemens, MI 48043</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Meeting Expense</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/22/21</u> Date	<u>\$ 40.62</u>

Subtotal this page	\$5,576.54
Grand Total of all Schedules 1B (Complete on last page of Schedule)	\$12,716.54
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. <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 debts are 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 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 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)				

A debt 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 contains:

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.

Debt #1 Corp? ☐ Yes

Owed to or by:
Taylor, Michael C.
14076 Red Pine Dr.
Sterling Heights, MI 48313

4. Type of Obligation (Description)
5. Indicate date debt was incurred
6. Indicate original amount of debt

4. Type: In-Kind Loan
5. Date Debt Was Incurred: 09/08/09
6. Original Amount of Debt: \$ 550.00

7. Date and amount of each payment

\$
\$
\$
\$
\$

8. Cumulative payment to date on debt

\$ 0.00

9. Outstanding Balance at close of this period (Item 6 minus Item 8)

\$ 550.00

☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Debt #2 Corp? ☐ Yes

Owed to or by:
Taylor, Michael C.
Same

4. Type: In-Kind Loan
5. Date Debt Was Incurred: 10/2/09
6. Original Amount of Debt: \$ 1107.82

\$
\$
\$
\$
\$

\$ 0.00

\$ 1107.82

☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Debt #3 Corp? ☐ Yes

Owed to or by:
Taylor, Michael C.
Same

4. Type: In-Kind Loan
5. Date Debt Was Incurred: 10/1/09
6. Original Amount of Debt: \$ 62.97

\$
\$
\$
\$
\$

\$ 0.00

\$ 62.97

☐ 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 last 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>\$ 558.60</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 558.6 <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>	\$ \$ \$ \$ \$	\$ 0.00	\$ 1533.82 <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>	\$ \$ \$ \$ \$	\$ 0.00	\$ 130 <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)				

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt 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.



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 Remains:				
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 8 minus Item 9)
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>09/07/11</u> 6. Original Amount of Debt: <u>\$ 159.00</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 159.00 <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. Date Debt Was Incurred: <u>8-7-11</u> 6. Original Amount of Debt: <u>\$ 23.30</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 23.30 <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>9-7-11</u> 6. Original Amount of Debt: <u>\$ 103.68</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 103.68 <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 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 endorser 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: 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>	\$ \$ \$ \$ \$	\$	\$ <u>94.34</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:	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 **\$4,626.84**
(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

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.