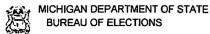


CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

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 filling official. 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 9. TYPE OF STATEMENT 9a. Pre-Election OR 9b. Post-Election Required ONLY if candidate is not on the ballot for the current year: By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here.	Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and c	d signed by andidate.	3. This Statement covers From	^{1:} 10/18/21	to 11/2	2/21		
4a. Office Sought Including District # or Community Served (If applicable) Mayor of Storling Heights 5. Committee's Mailing Address 14076 Red Pine Dr. Sterling Heights, MI 48313 Area Code and Phone (586) 822-3500 If the address on the Statement of Organization, mail may be sent to this address by the filing official. 7. Treasurer's Business Address Area Code and Phone 9. TYPE OF STATEMENT 9a. Pre-Election or Post-Election or Election or	1. Committee I.D. Number		Candidate Last Name	Fir	st Name	M.I.		
2. Committee to Elect Michael C. Taylor 5. Committee's Mailing Address 1.40.76 Red Pine Dr. Sterling Heights, MI 48313 1.4076 Red Pine Dr. Sterling Heights At 8313 1.4076 R	138477		Taylor	Michae	el .	C.		
5. Committee's Malling Address 14076 Red Pine Dr. Sterling Heights, MI 48313 Area Code and Phone (596) 822-3500 Area Code and Phone (596								
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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 filling official. 7. Treasurer's Business Address Area Code and Phone (586) 822-3500 8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper's) Area Code and Phone 9. Type OF STATEMENT 9a. Pre-Election OR 9b. Prest-Election or Post-Election Statement relates to: Primary 9. July Quarterly 9. Special 9. Convention 9. C	5. Committee's Mailing Address		6. Treasurer's Name & Residential Address					
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 and Phone (586) 822-3500 Beginated Record Keeper's Name and Address (if the committee has a Designated Record Keeper's Name and Address (if the committee has a Designated Record Keeper's Name and Address (if the committee has a Designated Record Keeper's Name and Address (if the committee has a Designated Record Keeper's Name and Address (if the committee has a Designated Record Keeper's Name and Address (if the committee has a Designated Record Keeper's Name and Address (if the committee has a Designated Record Keeper's Name and	1		Michael C. Taylor					
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Area Code and Phone 9. TYPE OF STATEMENT 9a. Pre-Election OR 9b. Post-Election Pre-Election or Post-Election Statement relates to: Pre-Election or Post-Election Statement relates to: Primary General Convention Special School Caucus OL Annual Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.) Date of Election, Convention or Caucus 11/102/21 10. Verification: INVe certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of mylour knowledge and belief the confience are used. Type or Print Name Signature Osciplate Item 9a, 9b, 9c or 9e to indicate which Statement and attached schedules (if any) and to the best of mylour knowledge and belief the confients are true, accurate and complete. Candidate Michael C. Taylor Type or Print Name Signature Jest Code and Phone 9e. Dissolution of Candidate Committee By checking this tient We certify any oustsanding debt. Py checking this tient Whe certify any oustsanding debt. Py checking this tient Whe certify any oustsanding debt. Put the current was no oustanding assets, owes no lates fees or has any oustanding debt. Further, if the dissolution cannot be granted, that this beconsidered a request for the Reporting Waiver. Effective date of dissolution Effective date of dissolution Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page. January 10, 2022 January 10, 2022	If the address in this box is different from the committee mailing address on the Statement of Organization, mail may		Area Code & Phone (586) 822-3500					
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Date	Type or Print Name		Signature	\sim	-,-			
	Candidate Michael C. Taylor		JCT.DX	Sal	Date	anuary 10, 2022		
	Type or Print Name		Signature	1				



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number 138477

CANDIDATE COMMITTEE

2. Committee Name Committee to Elect Michael C. Taylor

Enter contributor's name and address. If contribution is from an individual initial. Check box to indicate if contribution is from a Political Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)	
3. Contribution # 1 PAC Receipt? YES 4. Date of F Name & Address:	Receipt 10/20/21		
Hetal Gandhi 41450 Carmela Ct. Northville, MI		_{\$} 100	\$
5. If over \$100.00 cumulative, please provide:			
Occupation Employer		Click Here to	or Memo Itemization
Business Address			
Type of Contribution:	Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of R Name & Address	Receipt 10/20/21		
Piyush Anam 5361 Livernois Rd Troy, MI 48098		_{\$} 100	\$
5. If over \$100.00 cumulative, please provide:		Click Here fo	r Memo Itemization
Occupation Employer			
Business Address			
Type of Contribution:	Fund Raiser		
Contribution # 3 PAC Receipt? YES 4. Date of I Name & Address:	Receipt 10/20/21		
Rajeev Patel 2810 Burningbush Dr. Sterling Heights, MI 48314 5. If over \$100.00 cumulative, please provide:		\$ 100 Click Here for	\$ Memo Itemization
Occupation Employer			
Business Address Type of Contribution:	Fund Raiser		
Contribution # 4 PAC Receipt? YES 4. Date of Name & Address	Receipt 10/21/21		
Friends of Nate Shannon 43313 Interlaken Dr. Sterling Heights, MI 48313 5. If over \$100.00 cumulative, please provide:		_{\$} 50	\$
Occupation Employer	Click Here for	Memo Itemization	
, ,			
Business Address	Fund Raiser		
l	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 1 of 2		Page.	

COMMITTEE TO ELECT MICHAEL C TAYLOR 14076 RED PINE DR	1241 74-347/724
STERLING HTS, MI 48313	1-10-3032 Date
Pay to the TRIENDS OF NATE SH	
FIFT	Dollars Dollars
(iii) Huntington	
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