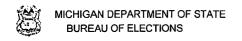


CANDIDATE COMMITTEE COVER PAGE

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	01/01/22 to 0	7/20/22
1. Committee I.D. Number		Candidate Last Name	First Name	M.I.
138477		Taylor	Michael	C.
2. Committee Name		4a. Office Sought Including Dis Mayor of Sterling Heig		(If applicable)
Committee to Elect Michael C.	Taylor	4b. County of Residence MA		
5. Committee's Mailing Address		6. Treasurer's Name & Reside		
14986 Park View Ct		Michael C. Taylor	mai Addiess	
Sterling Heights, MI 48313		14986 Park View Ct		
		Sterling Heights, MI	48313	
		Oterming Freights, wir	+0010	
Area Code and Phone (586) 822-3500				
If the address in this box is different from the commi	ittee			
mailing address on the Statement of Organization, r be sent to this address by the filing official.	naii may	Area Code & Phone (586) 82	2-3500	
7. Treasurer's Business Address		8. Designated Record Keeper	s Name and Address (If the o	committee has a
		Designated Record Keeper)		
Area Code and Phone		Area Code and Phone		
9. TYPE OF STATEMENT	Required ON	NLY if candidate	9e. Dissolution of Candid	ate Committee
9a. Pre-Election OR 9b. Post-Election		ballot for the	by the committee to the can	We certify any outstanding debt didate or his or her spouse is here
Pre-Election or Post-Election Statement relates to:				and no longer collectible from tee has no oustanding assets,
Primary	July Quart	erly	owes no lates fees or has an	y oustanding debt.
General	October C	luarterly	Further, if the dissolution car	
Convention			considered a request for the	Reporting Waiver.
Special	9c. Annua	al Statement ()	Effective date of d	issolution
School		Coverage Year	Lifective date of d	เธองเนนเงา
Caucus		ndment to Campaign Statement plete Item 9a, 9b, 9c or 9e to		
· ·		te which Statement is being		idual funds must be reported on
	amen	ded.)	Schedule 1B and the Summ	iaiy raye.
Date of Election, Convention or Caucus				
10. Verification: I/We certify that all reasonable diligonal			ent and attached schedules (if any) and to the best of
my\our knowledge and belief the contents are true,				
Current Treasurer or Michael C. Ta	avlor	XY X/L		August 1, 2022
Designated Record keeper Type or Print Name	,	Signature	— Date	
Type of Fillit Name		Gigitature		
Candidate Michael C. Taylor	:	CT (") X)	Date	August 1, 2022
Type or Print Name		Signature		
Authority granted under P.A. 388 of 1976				



1. Committee I.D. Number 13

. 138477

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name Committee to Elect Michael C. Taylor

CANDIDATE COMMITTEE	2. Committee Name Committee to Ele	
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$_\$0.00	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$0.00	(20.) \$
N-KIND CONTRIBUTIONS & EXPENDITURES		
3. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ _\$4,433.44	
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.) \$ \$4,433.44	(23.) \$ \$4,433.44
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ \$0.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ \$0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ \$0.00	(24.) \$ \$0.00
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ \$4,526.84	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _\$0.00	
Ending Balance of last report filed (Enter zero if no previous reports have been filed.) Amount received during reporting period	BALANCE STATEMENT (13.) \$ \$25,968.98 (14.) + \$ \$0.00	_
(Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14	(15.) = \$_\$25,968.98	_
 Amount expended during reporting period (Add lines 9 and 11) 	(16.) - \$ \$4,433.44	_
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ \$21,535.54	



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

1	3	Я	4	7	7
	v	v	┰	•	•

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 Macomb County Clerk		01/18/22	s \$100
Address	Purpose: Fines	Date	
120 N. Main St.,	Click F	Here for Memo	Itemization Type
Mt. Clemens, MI 48043	Check box if this expenditure is payment of		,
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name Aspen Restaurant		02/03/22	\$ 38.22
Address	Purpose: Campaign Meeting Expense	Date	
20333 Hall Rd.	Click H	lere for Memo	Itemization Type
Macomb, MI 48044	Check how if this average it was in a summer of		
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
^{Name} iStorage		07/05/22	s \$953
Address	Purpose: Storage Unit	Date	
41250 Garfield Rd		lara for Mama I	temization Type
Clinton Township, MI 48038	! 	iere ioi iviemo i	ternization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name Metro Airport		06/08/22	\$ 268
Address	Purpose: Airport Parking	Date	¥ <u>200</u>
Romulus, MI	Click H	lere 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 Detroit Free Press		07/15/22	
Address	Purpose: Newspaper Subscription	Date	\$ 83.93
615 W. Lafayette Blvd	Click F	lere for Memo	Itemization Type
Detroit, MI 48226	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
	Subto	tal this page	\$1,443.15
	Grand Total of all S (Complete on last page		
	(Complete of last page	. or concudie)	

Enter this total on line 8a of Summary Page

Page 1 of 3



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	Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name Loews Hotel		03/07/22	s 1246.48
Address	Purpose: Conference Expense - Lodging	Date	
1601 Collins Ave		lara for Mama I	temization Type
Miami Beach, FL 33139		ICIG IOI MEHIO I	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name Macomb County		03/31/22	s \$2
Address	Purpose: Parking	Date	
120 N. Main St	Click F	lere for Memo I	temization Type
Mt. Clemens, MI 48043	Check how if this ownered there is no weet of		
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name Crain's Detroit		04/26/22	s \$169
Address	Purpose: Newspaper Subscription	Date	<u> </u>
1155 Gratiot Ave	Click L	lere for Memo II	temization Type
Detroit, MI			
Fund Raiser	LCheck box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name Amazon.com		05/27/22	\$ 245.37
Address	Purpose: Office Supplies	Date	Ψ <u>240.01</u>
410 Terry Ave	Client L	lore for Mama !	temization Type
Seattle, WA 98109		iere ioi Misilio I	ternization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name Westin		05/31/22	. 445.00
Address	Purpose: Conference Expense - Lodging	Date	\$ <u>415.30</u>
2501 Worldgateway PI	Click I	Here for Memo I	temization Type
Romulus, MI 48242	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
	Subto	tal this page	\$2,078.15
	Grand Total of all (Complete on last page		
		′ t	Enter this total

Enter this tota on line 8a of Summary Page

Page ____ of ____



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

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		1	
Name Peppermill Hotel		06/09/22	\$ 912.14
Address	Purpose: Conference Expense - Meals & Lodging	Date	
2707 S. Virginia St	· ·	lere for Memo	Itemization Type
Reno, NV 89502			Normal Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name			\$
Address	Purpose:	Date	
Address			
	Click H	lere for Memo I	temization Type
	Check box if this expenditure is payment of		
Fund Raiser	विर्ह्या or obligation reported on previous statement		
Expenditure #3			
Name			
		Date	\$
Address	Purpose:	Date	
	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 #4			
Name			
		Date	\$
Address	Purpose:		
	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			
Address	Purpose:	Date	\$
			Manadanakan Terre
	Click F Check box if this expenditure is payment of	ere for Memo	Itemization Type
Fund Raiser	debt or obligation reported on previous statement		
		tal this page	\$912.14
	Grand Total of all S	Schedules 1R	
	(Complete on last page		\$4,433.44

Enter this total on line 8a of Summary Page

Page 3 of 3



Page 1 of 5

DEBTS AND OBLIGATIONS 1.	Committee I.D. Number 138	3477		
SCHEDULE 1E	CTE MI	abool C Teylor		
	Committee Name CTE Mic	Giael C. Taylor		
This Schedule Hombes:				
a Debts and abligations owed by or forgiven the con (Ch	nunition OR b. Deb eck either a or b. Use only for the p	is and obligations owed <u>lq</u> o Urpose chadud.)	r forgiven <u>by</u> the co	mmillos.
3. Name and Mailing Address of person, vendor or financial isultation to whom debt is owned. Check box to indicate whether debt is owned to an incorparated business. If debt is a bank form, please provide information regarding the endorsers or guarantes, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and securit of each payment	B. Cumufative payment to date on debt	8, Chustanding Balsinos et close of this period (liem 6 minus florn 8)
Debt #1 Carp? Yes Owed to or by:	4. Type: In-Kind Loan	\$		
Taylor, Michael C. 14076 Red Pine Dr. Sterling Heights, MI 48313	5. <u>Pate Debt Was Incurred:</u> 08/14/09 6. <u>Original Amount of Dabe:</u> 3 75.51		\$ 0.00	3 76.51 FORGIVEN
If bank loan, nome of endorser or guaranton		Amo	uni Endorsed: \$	
Owed to or by: Taylor, Michael C. Same	4. Type: In-Kind Loan 5. Date Debt Wes Incurred: 8/15/09 6. Oriodosi Amount of Debt: 5 14.30	\$\$\$\$	ş <u>0.00</u>	3_14.30 FORGIVEN
if bank loss, same of endorser or guarantor.		An	ount Endorsed: \$	
Owed to ar by: Taylor, Michael C. Same	4. Type: In-Kind Loan 5. Date Debt Was Incurred: 8/16/09 6. Original Amount of Debt: \$ 115.60		ş <u>0.00</u>	s_115.60_ FORGIVEN
If bank load, name of endorser or guarantor;		Am	ount Endorsed: \$	
•		•	Odstanding dabi)	\$205.41
(Co A debt crobligation meat be shown on this Schodu this Campsign Statement or it was forgiven during t	emplete on leas page of Schedule a le if there was an outstanding an the period covered by this Gamp	ncun t owed on it at the ske		Enter this total on line 122 "owed by" or line 12b "owed to" of the Summary Page



DEBTS AND OBLIGATIONS 1, (Committee L.D. Number 138	3477		
SCHEDULE 1E	OTELE	1 10 7-1-		
CANDIDATE COMMITTEE 2.4	Committee Name CIE IVIIC	chael C. Taylor	, 	·
This Schedule Remixee:				
a Dabb and obligations owed by or forgiven the con (Che	milities OR b. Deb ack either a or b. Use only for the pa	is and obligations owed <u>to</u> o urpose checked.)	forgiven <u>by</u> line co	mnittee.
Name and Mailing Address of person, vendor or financial institution to whem debt is owed. Check box to indicate whether debt is owed to an	4. Type of Obligation (Description) 6. Indicate date debt was	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period
incorporated business. If debt is a bank lean, please provide information regarding the endorsers or guaranton, if any.	incurred 6. indicate original amount of dabt			(item 6 minus item 8)
Detx #1 Cap? Yes Owed to ar by:	4. Type: In-Kind Loan			
Taylor, Michael C.	5. Date Debi Wes Incurred:	8		
14076 Red Pine Dr.	09/08/09	3		
Sterling Heights, MI 48313	8. Original Amount of Debt:		\$ <u>0.00</u>	550.00
	550.00			FORGIVEN
If bank loss, name of endorser or guarantor:		<u> </u>	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Debt #2 Cop? Yes	In Idea I and	- Avmo	unt Endorsed: \$	
Owed to or by:	4. Type: In-Kind Loan	\$		}
Taylor, Michael C.	5. Date Debt Was Incurred:			[
Same	10/2/09	\$	200	s 1107.82
	8. Original Amount of Dabt:		\$ 0.00	\$ 1107.02
	<u>s 1107.82</u>			FORGIVEN
If heads have worse all and small an everywhere				
if bank loss, name of endorser or guarantor: Debt #3 Com?! Yes	In Ideal Land	Am	ount Endorsed: 9	
Owed to arby:	4. Type: In-Kind Loan			
Taylor, Michael C.	5. Date Debt Was Incurred:			[
Same	10/1/09			60.07
	6. Original Amount of Dabit:	\$	0.00	<u>\$ 62.97</u>
	ş 62.97			FORGIVEN
		***	a at Madaa at 4	
If bank loss, name of endorser or guarantor:		AVA	ount Endonsed: {_	
		•	Outslanding debi)	\$1,720.79
(Co	implete on last page of Schedule al	District Branch Total of the control	if all Schodules 12 to the committee)	
A debt or obligation must be shown on this Schedulihib Campaign Statement or Rwas forgiven during t	is if there was an outstanding an	nount owed on het the ele		Enter this total on line 12a "owed by" of line 12b "owed to" of the Summary Page

Page 2 of 5



	400					
DEBTS AND OBLIGATIONS 1.0	Committee (.D. Number	477				
SCHEDULE 1E	SCHEDULE 1E 2. Committee Name CTE Michael C. Taylor					
CANDIDATE COMMITTEE 2.0	Committee Name CIC IVIIC	naero, raylor				
This Schoole territors:						
a Debits and obligations awad by ar forgiven the com (Che	rnities OR b. Debi ck either a or b. Use only for the pa	a and obagalions owed <u>to</u> or spose checked.)	forgiven by the cor	mrittes.		
Name and Mailing Address of person, vendor or financial institution to whom debt to owed. Check box to Indicate whether debt to owed to an	4. Type of Obligation (Description) 5. Indicate date debt was incurred	7. Data and amount of each payment	8. Cumulativo payment to date on debt	9. Outstanding Balance et close of this period (Hern 6 minus		
incorporated business. If debt is a bank toon, please provide infermation regarding the endorsers or guaranton, if any.	6. indicate original amount of debt			item 8)		
Debt #1 Cop? Yes Owed to or by:	4. Type: In-Kind Loan			•		
Taylor, Michael C.	5. Date Debt Was Incurred:					
14076 Red Pine Dr. Sterling Heighls, MI 48313	07/08/11		5 0.00	. 656.5		
Stering regins, wi 40313	6. Original Amount of Debt	\$	\$ 0.00	-		
	\$ 558.60			FORGIVEN		
if bank loan name of endorser or guarentor:		- Am	unt Endorsed: \$			
Debl #2 Corp? Yes	in Kind Loop					
Owed to or by:	4. Type: in-Kind Loan					
Taylor, Michael C.	S. Date Debt Was insurred: 9-7-11		!			
Same	6. Original Amount of Debt:		s 0.00	s 1533.82		
	s 1593.82		V			
	V			FORGIVEN		
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$_			
Oebt #3 Corp? Yes	4. Type In-Kind Loan					
Taylor, Michael C.	5. Date Dabt Was insurred:					
Same	9-29-11		0.00	g 130		
	6. Original Amount of Debt	S	\$ 0.00			
	<u>\$ 130</u>			FORGIVEN		
10 h amh lann ann a damharrar ar cristrathir		An	ngunt Endorsed: 8			
If bank loon, name of endorser or guaranter:				62 220 22		
		Page Subtotal	(Outstanding debi)	\$2,220.32		
	omplete on last page of Schedule:	Grand Total	of all Schadulas 1E			
(υ	Ottibigia ou seat hafte of octoories:	minimize direction cannot by		Cales fala tatel		

A disbt 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,

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

Page 3 d 5



DEBTS	and	OBL	GAT	IONS
9	CHE	THE	4F	

1. Committee LD. Number 138477

Schedule 1e	OTE Mi	had C Toulor		
CANDIDATE COMMITTEE 2. C	COTE Mic	nael C. Taylor		
This Scholute tembes:			······································	
a Cohts and obligations owed by or forgiven the com (Che	million OR b. Debi	a and obligations owed <u>to</u> or spose checked.)	r forgiven <u>by</u> the co	mmilios.
3. Name and Malling Address of person, vendor or financial institution to whom debt is owed. Check how to indicate whether debt is cwed to an incorporated business. If debt is a bank lean, please provide information regarding the endorsers or guaranters, if sny.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	S. Cumulative payment to date on debt	9. Cutstanding Beignee at close of this period (flam 6 minus team 8)
Owed to or by:	4. Type: In-Kind Loan			
Taylor, Michael C. 14076 Red Pine Dr. Sterling Heights, MI 48313	5. Date Dabl Was Incurred: 09/07/11 6. Original Amount of Debt: \$ 159,00		ş <u>0.00</u>	159.00 FORGIVEN
if bank loan, name of endorser or guaranter:		Amo	unt Endorsed: \$	
Debt #2 Corp? Yes Owed to or by:	4. Type: In-Kind Loan	\$		
Taylor, Michael C. Same	5. Date Date Was Incerced: 9-7-11 6. Original Amount of Debt: 23.30	\$ \$ \$	\$ 0.00	23.30
if benk loan, name of endorser or guarantor.		Am	ount Endorsed: \$_	
Debt#3 Corp7 Yes Owed to or by: Taylor, Michael C. Same	4. Type: In-Kind Loan 5. Date Daht Was Incurred: 9-7-11 8. Original Amount of Daht: \$ 103.68	\$	\$ 0.00	\$_103.68 FORGIVEN
If bank loss, name of enderser or guaranter:		An	nount Endorsed: 8_	
(C	omplete on last page of Schedule	-	(Outstanding dabt) of all Schedules 1E or to the convoluce)	\$285.98 Enter this local
A debt or obligation must be shown on this Schedu	tle if there was an outstanding a	mount owel on it at the cl	caing date of	on line 12a "owed by" or line 12b "owed to" of the

this Campaign Statement or it was forgiven during the period covered by this Campaign Sta



DEBTS AND OBLIGATIONS 1. Committee LD. Number 138477				
SCHEDULE 1E				
CANDIDATE COMMITTEE 2. Committee Name CTE Michael C. Taylor				
This Schedus Hemizer:				
a Debts and obligations owed by or furgiven the committee OR b. Debts and obligations oved to or furgiven by the committee. (Check either a or b. Use only for the purpose checked.)				
Name and Making Address of parson, vendor or financial installion to whom debt is owed. Check box to indicate whether debt is owed to an	4. Type of Obligation (Description) 5. Indicate date debt was incurred	7. Date and amount of exchangement	Cumulative payment to date on debt	9. Outstanding Balance at close of this period
incorporated business. If debt is a bank loan, please provide information regarding the endorsers or gussiantors, If any.	Indicate original amount of debt			(item 8 minus item 8)
Debt#1 Corp? Yes Owed to or by:	4. Type: In Kind Loan			
Michael C. Taylor 14076 Red Pine Dr.	5. Date Debt Was Insurred: 09/29/11			
Sterling Heights, Mi 48313	8. Original Amount of Debt:		1	\$ 94.34
	8 94.34			FORGIVEN
If bank loan, name of endorser or guarantor:		' <u> </u>	out Sadanaada B	
Debt #2 Corp? Yes			unt Endorsed: \$	
Dwed to or by:	4. Type			
	5. Date Debt Was Incurred:	s		
	8. Original Amount of Debt:	8		•
	s		*	<u> </u>
	·			FORGIVEN
If bank loan, marrie of enforcer or guaranter: Amount Endorsed: \$				
Debt #3 Copy? Yes Owled to or by:	4. Type:	\$		
	5. Date Debt Was Incurred:	\$		
!				
,	6. Original Amount of Debt:	·	ş	<u>*</u>
	\$	\$		FORGIVEN
If bunk loss, name of endorser or guarantor: Amount Endorsed: \$				
Page Subloksi (Ottstunding delph)				\$94.34
Grand Total of all Schedules 15 (Complete on last page of Schedule showing amounts owed by or to the committee)				\$4,526.84
				Enter this total on line 12s "owed by" or line 12b
				'owed to' of the Summary Page
Page 5 o 5				