



**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.

<b>1. Committee I.D. Number</b> 138477		<b>3. This Statement covers From:</b> 10/21/24 to 12/31/24	
<b>2. Committee Name</b> Committee to Elect Michael C. Taylor		<b>4. Candidate Last Name</b> Taylor <b>First Name</b> Michael <b>M.I.</b> C. <b>4a. Office Sought Including District # or Community Served (If applicable)</b> Mayor of Sterling Heights <b>4b. County of Residence</b> MACOMB	
<b>5. Committee's Mailing Address</b> 14986 Park View Ct 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.		<b>6. Treasurer's Name &amp; Residential Address</b> Michael C. Taylor 14986 Park View Ct Sterling Heights, MI 48313  Area Code & Phone (586) 822-3500	
<b>7. Treasurer's Business Address</b>   Area Code and Phone		<b>8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)</b>   Area Code and Phone	
<b>9. TYPE OF STATEMENT</b> 9a. <input type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election  Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input 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		<b>9e. Dissolution of Candidate Committee</b> <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.	
		<b>9c.</b> <input checked="" type="checkbox"/> Annual Statement (2024 ) Coverage Year <b>9d.</b> <input checked="" type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)	
<b>10. Verification:</b> 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		April 2, 2025	
Candidate		Michael C. Taylor	
Type or Print Name		Signature	
Date		April 2, 2025	



**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>iStorage</u>  Address <u>41250 Garfield Rd</u> <u>Clinton Township, 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>12/02/24</u> Date	\$ <u>356</u>
Expenditure #2 Name <u>Detroit Free Press</u>  Address <u>615 W. Lafayette Blvd</u> <u>Detroit, MI 48226</u>  <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>12/16/24</u> Date	\$ <u>39.98</u>
Expenditure #3 Name <u>Macomb Daily</u>  Address <u>6520 Metro Parkway</u> <u>Sterling Heights, MI 48312</u>  <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>12/24/24</u> Date	\$ <u>42</u>
Expenditure #4 Name <u>See's Candy</u>  Address <u>17420 Hall Rd #1108</u> <u>Clinton Twp, MI 48038</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Candy - Holiday Party</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/17/24</u> Date	\$ <u>526.50</u>
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 **\$964.48**

Grand Total of all Schedules 1B  
(Complete on last page of Schedule) **\$964.48**

Enter this total  
on line 8a of  
Summary Page