



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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: 01/01/25 to 10/19/25

1. Committee I.D. Number
138477

2. Committee Name
Committee to Elect Michael C. Taylor

4. Candidate Last Name **Taylor** First Name **Michael** M.I. **C.**

4a. Office Sought Including District # or Community Served (If applicable)
Mayor of Sterling Heights

4b. County of Residence **MACOMB**

5. Committee's Mailing Address
**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.

6. Treasurer's Name & Residential Address
**Michael C. Taylor
14986 Park View Ct
Sterling Heights, MI 48313**

Area Code & Phone (586) 822-3500

7. Treasurer's Business Address

Area Code and Phone _____

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

Pre-Election or Post-Election Statement relates to:

Primary
 General
 Convention
 Special
 School
 Caucus

Date of Election, Convention or Caucus
11/04/25

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.)

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 lates 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 Signature Date December 23, 2025

Candidate Michael C. Taylor Signature Date December 23, 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 Macomb County Clerk Address 120 N. Main Mt. Clemens, MI 48043 <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign Fines</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/03/25</u> Date	<u>\$ 1850</u> Click Here for Memo Itemization Type
Expenditure #2 Name Macomb Daily Address Same <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>04/15/25</u> Date	<u>\$ 14</u> Click Here for Memo Itemization Type
Expenditure #3 Name M Beshara Printing Address 10020 Capital St Oak Park, MI 48237 <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing Services</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/15/25</u> Date	<u>\$ 391.14</u> Click Here for Memo Itemization Type
Expenditure #4 Name Detroit Free Press Address Same <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>04/16/25</u> Date	<u>\$ 19.99</u> Click Here for Memo Itemization Type
Expenditure #5 Name Crain's Detroit Address 1155 Gratiot Ave Detroit, MI 48207 <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>04/22/25</u> Date	<u>\$ 225</u> Click Here for Memo Itemization Type

Subtotal this page **\$2,500.13**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total on line 8a of Summary Page