



**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: 05/14/09 to 10/18/09

1. Committee I.D. Number
138477

2. Committee Name
CTE Michael C. Taylor

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

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

4b. County of Residence **Macomb**

5. Committee's Mailing Address
**35651 Kensington
Sterling Heights, MI 48312**

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
35651 Kensington Ave
Sterling Heights, MI 48312**

Area Code & Phone (586) 822-3500

7. Treasurer's Business Address
**35651 Kensington Ave
Sterling Heights, MI 48312**

Area Code and Phone (586) 822-3500

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
**Michael C. Taylor
35651 Kensington Ave
Sterling Heights, MI 48312**

Area Code and Phone (586) 822-3500

RECEIVED
MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS
OCT 23 11:05 AM '09

9. TYPE OF STATEMENT

9a. Pre-Election OR 9b. Post-Election

Pre-Election or Post-Election Statement relates to:

Primary General
 Convention School
 Special Caucus

Date of Election, Convention or Caucus
11/03/09

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

Effective Date of Dissolution

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. **If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.**

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 [Signature] Date 10/22/09

Candidate Michael C. Taylor Signature [Signature] Date 10/22/09



1. Committee I.D. Number 138477

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE Michael C. Taylor

| RECEIPTS | Column I This Period | Column II Cumulative this election cycle |
|---|--------------------------------|---|
| 3. Contributions | | |
| a. Itemized (Schedule 1A - Column 6) | (3a.) \$ <u>4,165.00</u> | |
| b. Unitemized (less than \$20.01 each - no Schedule) | (3b.) \$ <u>NOT APPLICABLE</u> | |
| c. Subtotal of "Contributions" | (3c.) \$ <u>\$4,165.00</u> | (18.) \$ <u>\$4,165.00</u> |
| 4. Other Receipts (Schedule 1A -1, Column 6) | (4.) \$ <u>\$0.00</u> | (19.) \$ <u>\$0.00</u> |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) | (5.) \$ <u>\$4,165.00</u> | (20.) \$ <u>\$4,165.00</u> |
| IN-KIND CONTRIBUTIONS & EXPENDITURES | | |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7) | (6.) \$ <u>\$2,076.20</u> | (21.) \$ <u>\$2,076.20</u> |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6) | (7.) \$ <u>\$0.00</u> | (22.) \$ <u>\$0.00</u> |
| EXPENDITURES | | |
| 8. Expenditures | | |
| a. Itemized (Schedule 1B, Column 6) | (8a.) \$ <u>\$3,346.61</u> | |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G) | (8b.) \$ <u>\$0.00</u> | |
| c. Unitemized (less than \$50.01 each - no Schedule) | (8c.) \$ <u>\$0.00</u> | |
| 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) | (9.) \$ <u>\$3,346.61</u> | (23.) \$ <u>\$3,346.61</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>\$1,926.20</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>\$0.00</u> | |
| 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) | (14.) + \$ <u>\$4,165.00</u> | |
| | (15.) = \$ <u>\$4,165.00</u> | |
| 15. SUBTOTAL Add lines 13 and 14 | | |
| 16. Amount expended during reporting period (Add lines 9 and 11) | (16.) - \$ <u>\$3,364.61</u> | |
| 17. ENDING BALANCE (Subtract line 16 from line 15) | (17.) \$ <u>\$800.39</u> * | |



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138477
2. Committee Name CTE 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 Name & Address: <u>Mullin, Padraic</u> <u>2956 Belcher</u> <u>Sterling Heights, MI 48310</u> | | \$ <u>50.00</u> | \$ <u>50.00</u> |
| 4. Date of Receipt <u>09/03/09</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 Name & Address: <u>Grenat, Shirley</u> <u>36465 Saddlebred Ct.</u> <u>Clinton Township, MI 48035</u> | | \$ <u>150.00</u> | \$ <u>150.00</u> |
| 4. Date of Receipt <u>08/14/09</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired, Detroit News</u> 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 Name & Address: <u>Taylor, Michael C.</u> <u>52440 Cheswick Ct.</u> <u>Shelby Township, MI 48315</u> | | \$ <u>1000.00</u> | \$ <u>1000.00</u> |
| 4. Date of Receipt <u>09/16/09</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>CPA</u> Employer <u>Heemer Klein & Co</u> Business Address <u>28007 Hoover, Warren, MI 48093</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 # 4 PAC Receipt? <input type="checkbox"/> YES Name & Address: <u>Snyder, Kent</u> <u>5722 Pinecroft Ct.</u> <u>Clarkston, MI 48346</u> | | \$ <u>50.00</u> | \$ <u>50.00</u> |
| 4. Date of Receipt <u>09/15/09</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 **\$1,250.00**

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 CTE 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 Name & Address: Snyder, Matthew 10005 Rosebrook Lane, Apt 311 Huntersville, NC 28078 | PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/15/09</u> | \$ <u>50.00</u> | \$ <u>50.00</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 Name & Address: Cheryl Rohrkemper 16964 Franziska Ct Macomb, MI 48044 | PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/23/09</u> | \$ <u>60.00</u> | \$ <u>60.00</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 Name & Address: Papa, Albert 417 Baldwin Birmingham, MI 48009 | PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/29/09</u> | \$ <u>350.00</u> | \$ <u>350.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Insurance Agent</u> Employer <u>Cambridge Consulting Group</u> Business Address <u>101 W. Big Beaver, Ste 600, Troy, MI 48084</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 # 4 Name & Address: Abdo, Cy 42550 Garfield, Suite 104A Clinton Township, MI 48038 | PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ | \$ <u>50.00</u> | \$ <u>50.00</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 \$510.00
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 CTE 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>10/06/09</u> Name & Address: Wink, Ken 45127 Walnut Ct. Shelby Township, MI 48317 | | \$ <u>100.00</u> | \$ <u>100.00</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>10/12/09</u> Name & Address: Robb, Elizabeth 8305 Busko Cir. Warren, MI 48093 | | \$ <u>25.00</u> | \$ <u>25.00</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>10/11/09</u> Name & Address: Scally, David 5484 Martin Rd Warren, MI 48092 | | \$ <u>50.00</u> | \$ <u>50.00</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 checked="" type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/11/09</u> Name & Address: Ross, Daniel W. 57555 Suffield Dr. Washington Township, MI 48094 | | \$ <u>50.00</u> | \$ <u>50.00</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 checked="" type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |

Page Subtotal **\$225.00**

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 CTE 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 Name & Address: Shea, Michael T. 289 Merriweather Grosse Pointe Farms, MI 48236 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/11/09</u> | |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Banker</u> Employer <u>Comerica Bank</u> Business Address <u>500 Woodward Ave, Detroit, MI 48226</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | \$ <u>200.00</u> | \$ <u>200.00</u> |
| | | Click Here for Memo Itemization | |
| 3. Contribution #2 Name & Address: Andrews, Mark C. 5105 Sandhill Almont, MI 48003 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/11/09</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 checked="" type="checkbox"/> Fund Raiser | | \$ <u>100.00</u> | \$ <u>100.00</u> |
| | | Click Here for Memo Itemization | |
| 3. Contribution # 3 Name & Address: Cornwell, Daniel 675 Williamsbury Rd Bloomfield Village, MI 48301 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/11/09</u> | |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Insurance Agent</u> Employer <u>Cambridge Consulting Group</u> Business Address <u>101 W. Big Beaver, Suite 600 Troy, MI 48084</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | \$ <u>200.00</u> | \$ <u>200.00</u> |
| | | Click Here for Memo Itemization | |
| 3. Contribution # 4 Name & Address: Herzog, Steven E. 3334 Primrose Lane Ypsilanti, MI 48197 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/11/09</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 checked="" type="checkbox"/> Fund Raiser | | \$ <u>25.00</u> | \$ <u>25.00</u> |
| | | Click Here for Memo Itemization | |

Page Subtotal **\$525.00**

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 CTE 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>10/11/09</u> Name & Address: O'Brien, Colleen A. 3560 Charlwood Dr. Rochester Hills, MI 48306 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 checked="" type="checkbox"/> Fund Raiser | \$ <u>50.00</u> | \$ <u>50.00</u> |
| Click Here for Memo Itemization | | |
| 3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/11/09</u> Name & Address: DiFilippo, Jo Ann L. 31716 Iroquois Dr. Warren, MI 48088 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 checked="" type="checkbox"/> Fund Raiser | \$ <u>50.00</u> | \$ <u>50.00</u> |
| Click Here for Memo Itemization | | |
| 3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/11/09</u> Name & Address: Burket, John L. 46445 Glen Pointe Dr Shelby Township, MI 48315 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 checked="" type="checkbox"/> Fund Raiser | \$ <u>100.00</u> | \$ <u>100.00</u> |
| Click Here for Memo Itemization | | |
| 3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/11/09</u> Name & Address: Irwin, Michelle K. 51869 Adler Park Dr. E Chesterfield, MI 48051 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 checked="" type="checkbox"/> Fund Raiser | \$ <u>50.00</u> | \$ <u>50.00</u> |
| Click Here for Memo Itemization | | |

Page Subtotal \$250.00

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 CTE 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 all contributions regardless of amount.

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/11/09

Name & Address:
Boguth, Michael
38431 River Park Dr.
Sterling Heights, MI 48313

6. Amount \$ 200.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 200.00

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)

Occupation General Manager, Car Sales Employer Hamilton Chevrolet

Business Address 5800 14 Mile, Warren MI 48092

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/11/09

Name & Address:
DeCook, Arthur J.
37870 W. Horseshoe Dr
Clinton Township, MI 48036

6. Amount \$ 100.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 100.00

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/11/09

Name & Address:
Andrews, Amy
5105 Sandhill
Almont, MI 48003

6. Amount \$ 100.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 100.00

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/11/09

Name & Address:
O'Brien, Debra L
52719 Florence
Shelby Township, MI 48315

6. Amount \$ 300.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 300.00

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)

Occupation Sales Manager Employer CommScope

Business Address 1100 CommScope Place SE, Hickory, NC

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal \$700.00

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 CTE 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 all contributions regardless of amount.

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/11/09
Name & Address:
Taylor, Daniel R.
52440 Cheswick
Shelby Township, MI 48315
6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
\$ 150.00 \$ 150.00
5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)
Occupation Insurance Agent Employer Cambridge Consulting Group
Business Address 101 W. Big Beaver, Suite 600, Troy, MI 48084
Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/11/09
Name & Address:
Weatherly, Mark
54172 Overbrook Ct.
Shelby Township, MI 48316
6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
\$ 50.00 \$ 50.00
5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)
Occupation _____ Employer _____
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/08/09
Name & Address:
Wink, James D.
17843 Costello
Clinton Township, MI 48038
6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
\$ 100.00 \$ 100.00
5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)
Occupation _____ Employer _____
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/09/09
Name & Address:
Savage, Leigh H.
71 Regal Place
Grosse Pointe Shores, MI 48236
6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
\$ 100.00 \$ 100.00
5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)
Occupation _____ Employer _____
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal \$400.00

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 CTE 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 all contributions regardless of amount.

| | | | | |
|--|---|------------------------------------|---|--|
| 3. Contribution # 1 Name & Address: Scallly, Denise M. 31051 Newcastle Dr. Warren, MI 48093 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/11/09</u> | 6. Amount \$ <u>40.00</u> | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ <u>40.00</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 checked="" type="checkbox"/> Fund Raiser | | | Click Here for Memo Itemization | |

| | | | | |
|---|---|------------------------------------|---|---|
| 3. Contribution #2 Name & Address: Grenat, Shirley A. 36464 Saddlebred Ct Clinton Township, MI 48035 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/11/09</u> | 6. Amount \$ <u>35.00</u> | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ <u>185.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>N/A</u> Business Address <u>N/A</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | | Click Here for Memo Itemization | |

| | | | | |
|--|---|------------------------------------|---|--|
| 3. Contribution # 3 Name & Address: Scallly, Joseph A. 26654 Wagner Ave Warren, MI 48089 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/11/09</u> | 6. Amount \$ <u>35.00</u> | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ <u>35.00</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 checked="" type="checkbox"/> Fund Raiser | | | Click Here for Memo Itemization | |

| | | | | |
|--|---|------------------------------------|---|--|
| 3. Contribution # 4 Name & Address: Scallly, Timothy A. 27763 Palomino Dr. Warren, MI 48093 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/11/09</u> | 6. Amount \$ <u>40.00</u> | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ <u>40.00</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 checked="" type="checkbox"/> Fund Raiser | | | Click Here for Memo Itemization | |

Page Subtotal \$150.00
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 CTE 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 Name & Address: Donoghue, Michael E. 1676 Devonwood Dr. Rochester Hills, MI 48306 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/11/09</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 checked="" type="checkbox"/> Fund Raiser | | \$ <u>35.00</u> | \$ <u>35.00</u> |
| | | Click Here for Memo Itemization | |
| 3. Contribution #2 Name & Address: Magliulo, David J. 42222 Willsharon Street Sterling Heights, MI 48314 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/11/09</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 checked="" type="checkbox"/> Fund Raiser | | \$ <u>35.00</u> | \$ <u>35.00</u> |
| | | Click Here for Memo Itemization | |
| 3. Contribution # 3 Name & Address: Lux, Donald A. 34570 Heartsworth Ln Sterling Heights, MI 48312 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/11/09</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 checked="" type="checkbox"/> Fund Raiser | | \$ <u>50.00</u> | \$ <u>50.00</u> |
| | | Click Here for Memo Itemization | |
| 3. Contribution # 4 Name & Address: Nickoloff, Robert G. 21715 Garrison Ave, Dearborn, MI 48214 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/01/09</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 | | \$ <u>35.00</u> | \$ <u>35.00</u> |
| | | Click Here for Memo Itemization | |

Page Subtotal \$155.00

Grand Total of All Schedules 1A (Complete on last page of Schedule) \$4,165.00

Enter this total on line 3a of Summary Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 138477

CANDIDATE COMMITTEE

2. Committee Name CTE Michael C. Taylor

| | | | |
|---|--|--------------------------------|---|
| 3. Name and Address from whom received if contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions. | 4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased | 7. Amount or Fair Market Value | 8. Cumulative for Election Cycle (Through date in Item 5) |
|---|--|--------------------------------|---|

| | | | |
|---|--|------------------|------------------|
| Contribution # 1 Name & Address: O'Brien, Debra 52719 Florence Shelby Township, MI 48315 If over \$100.00 cumulative, please provide: Occupation: Sales Manager Employer Name & Business Address: CommScope, Inc. 1100 Commscope Place SE, Hickory, NC | PAC Receipt? <input type="checkbox"/> Yes 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Food for Fundraiser</u> 5. Date Of Receipt: <u>10/11/09</u> 6. Vendor Name & Address: Click Here for Memo Itemization | \$ <u>150.00</u> | \$ <u>450.00</u> |
| <input checked="" type="checkbox"/> Fund Raiser Contribution | | | |

| | | | |
|---|---|--------------------|--------------------|
| Contribution # 2 Name & Address: Taylor, Michael C. 35651 Kensington Ave Sterling Heights, MI 48312 If over \$100.00 cumulative, please provide: Occupation: Attorney Employer Name & Address: Burket Savage, P.C. 23409 Jefferson Ave, Suite 107 St. Clair Shores, MI 48080 | PAC Receipt? <input type="checkbox"/> Yes 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Post Cards for Mailer</u> 5. Date Of Receipt: <u>10/02/09</u> 6. Vendor Name & Address: Allegra Print & Imaging 5651 Thirteen Mile Warren, MI 48092 Click Here for Memo Itemization | \$ <u>1,107.82</u> | \$ <u>1,107.82</u> |
| <input type="checkbox"/> Fund Raiser Contribution | | | |

| | | | |
|--|--|-----------------|-------------------|
| Contribution #3 Name & Address: Taylor, Michael C. 35651 Kensington Ave Sterling Heights, MI 48312 If over \$100.00 cumulative, please provide: Occupation: Attorney Employer Name & Address: Burket Savage, P.C. 23409 Jefferson Ave, Suite 107 St. Clair Shores, MI 48080 | PAC Receipt? <input type="checkbox"/> Yes 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Card Stock for Flyers</u> 5. Date Of Receipt: <u>08/14/09</u> 6. Vendor Name & Address: Meijer Van Dyke Ave Sterling Heights, Michigan Click Here for Memo Itemization | \$ <u>23.80</u> | \$ <u>1131.62</u> |
| <input type="checkbox"/> Fund Raiser Contribution | | | |

Page Subtotal **\$1,281.62**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 138477

CANDIDATE COMMITTEE

2. Committee Name CTE Michael C. Taylor

| 3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions. | 4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased | 7. Amount or Fair Market Value | 8. Cumulative for Election Cycle (Through date in Item 5) |
|--|--|--------------------------------|---|
| Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Taylor, Michael C. 35651 Kensington Ave Sterling Heights, MI 48312 If over \$100.00 cumulative, please provide: Occupation: Attorney Employer Name & Business Address: Burket Savage, P.C. 23409 Jefferson Ave, Suite 107 St. Clair Shores, MI 48080 <input type="checkbox"/> Fund Raiser Contribution | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Paper and Printer Ink</u> 5. Date Of Receipt: <u>08/16/09</u> 6. Vendor Name & Address: OfficeMax 37600 Van Dyke Sterling Heights, MI 48312 Click Here for Memo Itemization | \$ <u>115.60</u> | \$ <u>1247.22</u> |
| Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Taylor, Michael C. 35651 Kensington Ave Sterling Heights, MI 48312 If over \$100.00 cumulative, please provide: Occupation: Attorney Employer Name & Address: Burket Savage, P.C. 23409 Jefferson Ave Suite 107 St. Clair Shores, MI 48080 <input type="checkbox"/> Fund Raiser Contribution | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Paper and Printer Ink</u> 5. Date Of Receipt: <u>08/14/09</u> 6. Vendor Name & Address: OfficeMax 37600 Van Dyke Sterling Heights, MI 48312 Click Here for Memo Itemization | \$ <u>51.71</u> | \$ <u>1298.93</u> |
| Contribution # 3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Taylor, Michael C. 35651 Kensington Ave Sterling Heights, MI 48312 If over \$100.00 cumulative, please provide: Occupation: Attorney Employer Name & Address: Burket Savage, P.C. 23409 Jefferson Ave, Suite 107 St. Clair Shores, MI 48080 <input type="checkbox"/> Fund Raiser Contribution | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Printer Ink</u> 5. Date Of Receipt: <u>08/15/09</u> 6. Vendor Name & Address: Meijer Van Dyke Ave, Sterling Heights, MI 48312 Click Here for Memo Itemization | \$ <u>14.30</u> | \$ <u>1313.23</u> |

Page Subtotal **\$181.61**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 138477

CANDIDATE COMMITTEE

2. Committee Name CTE Michael C. Taylor

| | | | |
|--|--|--------------------------------|---|
| 3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions. | 4. Type of In-Kind Contribution (Check applicable box) | 7. Amount or Fair Market Value | 8. Cumulative for Election Cycle (Through date in Item 5) |
| | 5. Date of Receipt | | |
| 6. Name & Address of Vendor from whom goods or services were purchased | | | |

| | | | | |
|---|---|---|--|---|
| Contribution # 1 | PAC Receipt? <input type="checkbox"/> Yes | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan | | |
| Name & Address: | | <input type="checkbox"/> Goods Donated or Loaned | <input type="checkbox"/> Services Donated | |
| Taylor, Michael C. | | <input type="checkbox"/> Goods or Services Purchased by Candidate or Others | <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN | \$ 550.00 |
| 35651 Kensington Ave | | Description <u>Yard Signs--Deposit</u> | | \$ 1863.23 |
| Sterling Heights, MI 48312 | | 5. Date Of Receipt: <u>09/11/09</u> | | |
| If over \$100.00 cumulative, please provide: | | 6. Vendor Name & Address: | | |
| Occupation: <u>Attorney</u> | | Done Right Engraving, Inc. | | Click Here for Memo Itemization |
| Employer Name & Business Address: | | 119 N. Saginaw St. | | |
| Burket Savage, P.C. | | Pontiac, MI 48342 | | |
| 23409 Jefferson Ave, Suite 107 | | | | |
| St. Clair Shores, MI 48080 | | | | |
| <input type="checkbox"/> Fund Raiser Contribution | | | | |

| | | | | |
|---|---|---|--|---|
| Contribution # 2 | PAC Receipt? <input type="checkbox"/> Yes | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan | | |
| Name & Address: | | <input type="checkbox"/> Goods Donated or Loaned | <input type="checkbox"/> Services Donated | |
| Taylor, Michael C. | | <input type="checkbox"/> Goods or Services Purchased by Candidate or Others | <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN | \$ 62.97 |
| 35651 Kensington Ave | | Description <u>Website Domain and Hosting</u> | | \$ 1926.20 |
| Sterling Heights, MI 48312 | | 5. Date Of Receipt: <u>10/01/09</u> | | |
| If over \$100.00 cumulative, please provide: | | 6. Vendor Name & Address: | | |
| Occupation: <u>Attorney</u> | | Homestead Technologies | | Click Here for Memo Itemization |
| Employer Name & Address: | | | | |
| Burket Savage, P.C. | | | | |
| 23409 Jefferson Ave, Suite 107 | | | | |
| St. Clair Shores, MI 48080 | | | | |
| <input type="checkbox"/> Fund Raiser Contribution | | | | |

| | | | | |
|---|---|---|---|---|
| Contribution #3 | PAC Receipt? <input type="checkbox"/> Yes | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan | | |
| Name & Address: | | <input type="checkbox"/> Goods Donated or Loaned | <input type="checkbox"/> Services Donated | |
| | | <input type="checkbox"/> Goods or Services Purchased by Candidate or Others | <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN | |
| If over \$100.00 cumulative, please provide: | | Description _____ | | |
| Occupation: | | 5. Date Of Receipt: _____ | | |
| Employer Name & Address: | | 6. Vendor Name & Address: | | |
| | | | | Click Here for Memo Itemization |
| <input type="checkbox"/> Fund Raiser Contribution | | | | |

| | |
|--|------------|
| Page Subtotal | \$612.97 |
| Grand Total of all Schedules 1-IK (Complete on last page of Schedule) | \$2,076.20 |

Enter this total
on line 6 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 Done Right Engraving, Inc. Address 119 N. Saginaw St. Pontiac, MI 48342 <input type="checkbox"/> Fund Raiser | Purpose: <u>Yard Signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>09/11/09</u> Date | <u>\$ 616.00</u> Click Here for Memo Itemization Type |
| Expenditure #2 Name Lasercom, LLC Address 2230 Elliot5 Troy, MI 48083 <input type="checkbox"/> Fund Raiser | Purpose: <u>Imaging and Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>10/15/09</u> Date | <u>\$ 1366.61</u> Click Here for Memo Itemization Type |
| Expenditure #3 Name C&G News Address 13650 11 Mile Warren, MI 48089 <input type="checkbox"/> Fund Raiser | Purpose: <u>Advertisement</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>10/21/09</u> Date | <u>\$ 1364.00</u> Click Here for Memo Itemization Type |
| Expenditure #4 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 | \$ _____ Click Here for Memo Itemization Type |
| 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 | \$ _____ Click Here for Memo Itemization Type |

Subtotal this page **\$3,346.61**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$3,346.61**

Enter this total
on line 8a of
Summary Page



**DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE**

1. Committee I.D. Number _____

2. Committee Name _____

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: Taylor, Michael C. 35651 Kensington Ave Sterling Heights, MI 48312 | 4. Type: <u>In-Kind Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>08/14/09</u> 6. <u>Original Amount of Debt:</u> <u>\$ 75.51</u> | \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ | \$ 0.00 | \$ 75.51 <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. 35651 Kensington Ave Sterling Heights, MI 48312 | 4. Type: <u>In-Kind Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>8/15/09</u> 6. <u>Original Amount of Debt:</u> <u>\$ 14.30</u> | \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ | \$ 0.00 | \$ 14.30 <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. 35651 Kensington Ave Sterling Heights, MI 48312 | 4. Type: <u>In-Kind Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>8/16/09</u> 6. <u>Original Amount of Debt:</u> <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) | |

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.



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 endorsers 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: Taylor, Michael C. 35651 Kensington Ave Sterling Heights, MI 48312 | 4. Type: <u>In-Kind Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>09/08/09</u> 6. <u>Original Amount of Debt:</u> <u>\$ 550.00</u> | \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ | \$ 0.00 | \$ 550.00 <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. 35651 Kensington Ave Sterling Heights, MI 48312 | 4. Type: <u>In-Kind Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>10/2/09</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1107.82</u> | \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ | \$ 0.00 | \$ 1107.82 <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. 35651 Kensington Ave Sterling Heights, MI 48312 | 4. Type: <u>In-Kind Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>10/1/09</u> 6. <u>Original Amount of Debt:</u> <u>\$ 62.97</u> | \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ | \$ 0.00 | \$ 62.97 <input type="checkbox"/> 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) | \$1,926.20 |

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.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138477
2. Committee Name CTE Michael C. Taylor

- USE A SEPARATE SHEET FOR EACH EVENT -

| | | | |
|---|---|---|--|
| 3. Date Event Was Held <u>10/11/09</u> | 4. Number of Individuals Attending or Participating (whichever is greater) <u>45</u> | 5. Type of Fund Raising Activity <u>Dinner</u> | 6. Address and Name (If any) of the place where the activity was held. <u>52719 Florence Shelby Township, MI 48315</u> <input checked="" type="checkbox"/> Private Residence |
|---|---|---|--|

7. Total Contributions \$1,945.00
8. Other Receipts \$0.00
9. Gross Receipts (Add lines 7 and 8) \$1,945.00
10. Total Cost of Event \$150.00
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. Check if event was a joint fund raiser and complete the following:

| Co-Sponsor(s) | Contribution Split (%) | Expenditure Split (%) |
|---------------|------------------------|-----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.