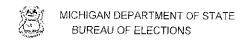
CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

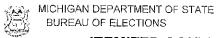
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statemen	t covers From: 05/14/09 to	10/18/09
1. Committee I.D. Number	4. Candidate La	ast Name First Name	M,L
138477	Taylor	Michael	C
2. Committee Name	1	Including District # or Community Served	
CTE Michael C. Taylor	_	Heights City Cour	IGN
Committee's Mailing Address		sidence Macomb ame & Residential Address	
35651 Kensington	Michael C.		
Sterling Heights, MI 48312	35651 Kens	3	
		ghts, MI 48312	Heat of the second seco
(596) 922 2500			を表示する。 1942年 - (1755) 2018年 - 第15
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 & Pho	ne (586) 822-3500	(1)
7. Treasurer's Business Address	8. Designated Reco	ecord keeper's Name and Mailing Address ord keeper)	(If the committee has a
35651 Kensington Ave	Michael C.	Taylor	
Sterling Heights, MI 48312	35651 Kens	S	
	Sterling He	ghts, Ml 48312	
Area Code and Phone (586) 822-3500	Area Code and F	hone (586) 822-3500	
9. TYPE OF STATEMENT			
9a. Pre-Election OR 9b. Post-	Election	9c. Annual Statement (Coverage Year)
Pre-Election or Post-Election Statement relates to:		9d. Amendment to Campaign Statem or 9e to indicate which Statemen	
Primary Gen	eral	9e. Dissolution of Candidate Commit	tee
Convention	ool	Effective Date of Diss	olution
Special Cauc	eus	By checking this item, I/We certify that the	
Date of Election, Convention or Caucus		outstanding debts, including late filing fee the dissolution cannot be granted, that thi	
11/03/09		the Reporting Waiver. Note: The disposition of residual funds m	ust be reported on Schedule
A committee that does not have a Reporting Waiver must file all rec	nuired Campaign S	1B and the Summary Page.	ist include all applicable
A committee that does not have a Reporting Waiver must file all red Schedules. Direct contributions, in-kind contributions, loans, exper If any of the information listed in items 2, 4, 5, 6, 7, or 8 has change	ditures, and outstand since the inform	inding debts count against the \$1,000 Rep ation was shown on the committee's State	orting Waiver threshold. ment of Organization, an
If any of the information listed in items 2, 4, 5, 6, 7, or 8 has change amendment to the Statement of Organization should accompany to before the filing deadline of a required campaign statement, the			
10. Verification: \\We certify that all reasonable diligence was used in ny\our knowledge and belief the contents are true, accurate and col	n the preparation on the preparation of the prepara	f this statement and attached schedules (if	fany) and to the best of
Current Treasurer or Michael C. Taylor			10/22/09
Designated Record keeper Type or Print Name	Signature	Date	10/22/00
Candidate Michael C. Taylor	The state of the s		10/22/09
Candidate Type or Print Name	Signature	Date	10122100



1. Committee I.D. Number 138477

SUMMARY PAGE CANDIDATE COMMITTEE

RECEIPTS	Column I	O-limit II
3. Contributions	This Period	Column II Cumulative this election cycle
	_{(3a.) \$} 4,165.00	
a. Itemized (Schedule 1A - Column 6)		· •
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	#1.40F.00
c. Subtotal of "Contributions"	(3c.) \$ \$4,165.00	(18.) \$ \$4,165.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ \$0.00	(19.) \$ \$0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$4,165.00	(20.) \$ \$4,165.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$2,076.20	(21.) \$ \$2,076.20
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ \$0.00	(22.) \$ \$0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ \$3,346.61	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ \$ 0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ \$0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ \$3,346.61	(23.) \$ \$3,346.61
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	(11.) \$	(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.) \$ \$1,926.20	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ \$0.00	
	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ \$0.00	-
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ \$4,165.00	_
(Line 5, Total Contributions & Other Receipts)	(15.) = \$ \$4,165.00	_
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(16.) - \$ \$3,364.61	
(Add lines 9 and 11) 17. ENDING BALANCE	(17.) \$ \$800.39	- - -
(Subtract line 16 from line 15)		



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.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 09/03/09 Name & Address: Mullin, Padraic		gate of receipt)
2956 Belcher Sterling Heights, MI 48310	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:	Click Horo fo	or Memo Itemization
OccupationEmployer	Olick Here it	or Memo Remization
Business Address		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/14/09 Name & Address		
Grenat, Shirley 36465 Saddlebred Ct.	_{\$} 150.00	_{\$} 150.00
Clinton Township, MI 48035 5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Retired, Detroit News Employer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser	_	
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 09/16/09 Name & Address:		
Taylor, Michael C. 52440 Cheswick Ct.	_{\$} 1000.00	_s 1000.00
Shelby Township, MI 48315	011.1.1.5	· -
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation CPA Employer Heemer Klein & Co		
Business Address 28007 Hoover, Warren, MI 48093		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/15/09 Name & Address		
Snyder, Kent 5722 Pinecroft Ct.	_s 50.00	, 50.00
Clarkston, MI 48346		Ψ
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	\$1,250.00	
Grand Total of All Schedules 1A	<u> </u>	
(Complete on last page of Schedule)	Enter this total on	

Page 1 of 9

Enter this total on line 3a of Summary Page.

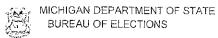


CANDIDATE COMMITTEE

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.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 09/15/09	_	
Snyder, Matthew		
10005 Rosebrook Lane, Apt 311	_s 50.00	。50.00
Huntersville, NC 28078	ş 00.00	§ 00.00
5. If over \$100.00 cumulative, please provide:	Click Here for	or Memo Itemization
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Estati notifica personi		· · · · · · · · · · · · · · · · · · ·
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/23/09 Name & Address		
Cheryl Rohrkemper		
16964 Franziska Ct Macomb, MI 48044	_{\$} 60.00	_s 60.00
		·
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution:	_	
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 09/29/09		
Papa, Albert 417 Baldwin Birmingham, MI 48009	§ 350.00	_{\$} 350.00
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, Ste 600, Troy, MI 48084		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		į
Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address		
Abdo, Cy		
42550 Garfield, Suite 104A	_s 50.00	。50.00
Clinton Township, MI 48038	Ψ	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution:		
Page Subtotal	\$510.00	·
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	
Page 2 of 9	line 3a of Summary Page.	

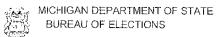


CANDIDATE COMMITTEE

1. Committee I.D. Number ___138477

Page.

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.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/06/09 Name & Address:		
Wink, Ken 45127 Walnut Ct.	400.00	400.00
Shelby Township, MI 48317	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer	SHOK TIOTO K	or womo ternization
Business Address		
Type of Contribution: V Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/12/09 Name & Address		
Robb, Elizabeth	_s 25.00	_s 25.00
8305 Busko Cir. Warren, MI 48093	\$_20.00	§ 23.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer	- 11-11 11-11 - 11-11	, memo nemenanem
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:		
Scally, David	50.00	F0 00
5484 Martin Rd	ş <u>50.00</u>	_{\$} _50.00
Warren, MI 48092 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 V Fund Raiser		
Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/11/09 Name & Address		
Ross, Daniel W.	50.00	50.00
57555 Suffield Dr. Washington Township, MI 48094	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer	Click Here for	Memo Itemization
Business Address		
Type of Contribution: 🗸 Direct Loan from a person 📝 Fund Raiser		
Page Subtotal	\$225.00	
Grand Total of All Schedules 1A	_	
(Complete on last page of Schedule) Page 3 of 9	Enter this total on line 3a of Summary Page.	

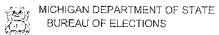


CANDIDATE COMMITTEE

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.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/11/09 Name & Address:		
Shea, Michael T.		
289 Merriweather	200.00	° 200.00
Grosse Pointe Farms, MI 48236	_{\$} 200.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Banker Employer Comerica Bank	Ollok 11010 A	or wome nomization
Business Address 500 Woodward Ave, Detroit, MI 48226		
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		
Andrews, Mark C.	100.00	400.00
5105 Sandhill	_{\$} 100.00	_{\$} 100.00
Almont, MI 48003		
5. If over \$100.00 cumulative, please provide:	Click Here fo	r 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		
Cornwell, Daniel	200.00	200.00
675 Williamsbury Rd	<u>s</u> 200.00	_{\$} 200.00
Bloomfield Village, MI 48301	Click Here for	Memo Itemization
5. If over \$100.00 cumulative, please provide:	OHOR TICKE TO	Morrio Remization
Occupation Insurance Agent Employer Cambridge Consulting Group		
Business Address 101 W. Big Beaver, Suite 600 Troy, MI 48084		į
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		
Herzog, Steven E.	05.00	05.00
3334 Primrose Lane Ypsilanti, MI 48197	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer	Click Here for	Memo Itemization
Business Address		
Type of Contribution: 🗸 Direct Loan from a person 📝 Fund Raiser		
	\$525.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	
$Page \underline{ 4 }_{of} \underline{ 9 }_{of} $	line 3a of Summary Page.	



CANDIDATE COMMITTEE

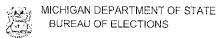
1. Committee I.D. Number __138477

2. Committee Name CTE Michael C. Taylor

Enter contributor's name and address middle initial. Check box to indicate if Committee (PAC) Report <u>all</u> contribution	contribution is from a Political	vidual, e Commit	nter last name, first name, tee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1 PAC Recellance & Address: O'Brien, Colleen A.	ipt? YES 4. Date o	f Receip	10/11/09	_	,
3560 Charlwood Dr. Rochester Hills, MI 48306				_{\$} 50.00	ş 50.00
5. If over \$100.00 cumulative, please	provide:			Click Hara fr	or Memo Itemization
Occupation	Employer			Ollok Fiere it	or Memo Remization
Business Address					
Type of Contribution: V Direct	Loan from a person	\checkmark	Fund Raiser		
3. Contribution #2 PAC Receip Name & Address	ot? YES 4. Date of	f Receipt	10/11/09		
DiFilippo, Jo Ann L. 31716 Iroquois Dr. Warren, MI 48088				_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please	provide:			Click Here fo	r Memo Itemization
Occupation	Employer		_		
Business Address					
Type of Contribution:	Loan from a person	V	Fund Raiser		
3. Contribution # 3 PAC Receip			10/11/09		
Burket, John L. 46445 Glen Pointe Dr				_{\$} 100.00	_{\$} 100.00
Shelby Township, MI 4831				Click Here for	Memo Itemization
5. If over \$100.00 cumulative, please					
Occupation	Employer	 	<u> </u>		
Business Address	Loan from a person	V	Fund Raiser		
B. Contribution #4 PAC Receip			10/11/09		
rwin, Michelle K. 51869 Adler Park Dr. E Chesterfield, MI 48051 5. If over \$100.00 cumulative, please	provide:			_{\$} 50.00	_{\$} 50.00
				Click Here for	Memo Itemization
Occupation	Employer				
Business Address					
Type of Contribution: Direct	Loan from a person	\checkmark	Fund Raiser		
			Page Subtotal	\$250.00	
	,,		Total of All Schedules 1A		
	(0	Somblett	e on last page of Schedule)	Coton this tatal an	

 $_{\text{Page}}$ $\underline{5}$ of $\underline{9}$

Enter this total on line 3a of Summary Page.



CANDIDATE COMMITTEE

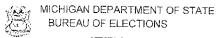
1. Committee I.D. Number 138477

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)
Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/11/09 Name & Address:	<u> </u>	date errodolpty
Boguth, Michael 38431 River Park Dr. Sterling Heights, MI 48313 5. If over \$100.00 cumulative, please provide:	<u>\$</u> 200.00	_{\$} 200.00
Occupation General Manager, Car Sales Employer Hamilton Chevrolet	Click Here fo	or Memo Itemization
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	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:	Click Here for	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/11/09 Jame & Address:	, , , , , , , , , , , , , , , , , , , ,	
Andrews, Amy 5105 Sandhill Almont, MI 48003	<u>\$ 100.00</u>	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
Business Address		
Contribution #4 PAC Receipt? YES 4. Date of Receipt 10/11/09 lame & Address		
D'Brien, Debra L 52719 Florence Shelby Township, MI 48315	§ 300.00	_{\$_} 300.00
. 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:		
	\$700.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	

 $_{\text{Page}}\underline{6}_{\text{of}}\underline{9}_{\text{m}}$

line 3a of Summary Page.



1. Committee I.D. Number

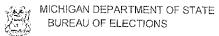
138477

CTE Michael C. Taylor CANDIDATE COMMITTEE 2. Committee Name Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount 7. Cumulative for middle initial. Check box to indicate if contribution is from a Political Committee or an independent Election Cycle for Each Committee (PAC) Report all contributions regardless of amount. Contributor (Through date of receipt) 3. Contribution # 1 PAC Receipt? 4. Date of Receipt 10/11/09 Name & Address: Taylor, Daniel R. 52440 Cheswick 150.00 150.00 Shelby Township, MI 48315 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 Direct Type of Contribution: Fund Raiser Loan from a person 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/11/09 Name & Address Weatherly, Mark $_{\rm s}$ 50.00 54172 Overbrook Ct. 。50.00 Shelby Township, MI 48316 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation _ Business Address Type of Contribution: ✓ Direct Loan from a person Fund Raiser 3. Contribution #3 PAC Receipt? 4. Date of Receipt 10/08/09 YES Name & Address: Wink, James D. s 100.00 100.00 17843 Costello Clinton Township, MI 48038 Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: 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 ູ 100.00 100.00 Grosse Pointe Shores, MI 48236 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation_ Business Address Type of Contribution: V 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.

Page 7 of 9

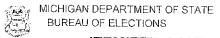


CANDIDATE COMMITTEE

1. Committee I.D. Number _____138477

Page.

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)
Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/11/09 Name & Address:		
Scally, Denise M. 31051 Newcastle Dr. Warren, MI 48093 5. If over \$100.00 cumulative, please provide:	_{\$} 40.00	_{\$} 40.00
Occupation Employer	Click Here f	or Memo Itemization
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/11/09 Name & Address		
Grenat, Shirley A. 36464 Saddlebred Ct Clinton Township, MI 48035	§ 35.00	_{\$} 185.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Retired Employer N/A		
Business Address N/A		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/11/09		
Scally, Joseph A. 26654 Wagner Ave Warren, MI 48089 5. If over \$100.00 cumulative, please provide:	\$ 35.00 Click Here for	\$35.00 Memo Itemization
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/11/09 Name & Address		
Scally, Timothy A. 27763 Palomino Dr. Warren, MI 48093 5. If over \$100.00 cumulative, please provide:	_{\$} 40.00	_{\$} 40.00
Occupation Employer	Click Here for	Memo Itemization
Business Address		
Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$150.00 Enter this total on line 3a of Summary Page.	



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.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/11/09		
Donoghue, Michael E.		
1676 Devonwood Dr.		
Rochester Hills, MI 48306	_s 35.00	_s 35.00
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer	Click Here f	or Memo Itemization
Business Address		
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	-	
Magliulo, David J. 42222 Willsharon Street Sterling Heights, MI 48314	_{\$} 35.00	_{\$} 35.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
OccupationEmployer		Tomazadon
Business Address		
Type of Contribution:		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/11/09 Name & Address:	_	
Lux, Donald A.	_s 50.00	E0 00
34570 Heartsworth Ln	\$ 00.00	_{\$} 50.00
Sterling Heights, MI 48312	Click Here for	· Memo Itemization
5. If over \$100.00 cumulative, please provide:	Short refer to	Werno iternization
Occupation Employer		
Business Address		
Type of Contribution: V Direct Loan from a person V Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/01/09 Name & Address		
Nickoloff, Robert G.		
21715 Garrison Ave,	¸35.00	, 35.00
Dearborn, MI 48214	Φ	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
OccupationEmployer		Weisie Heifilzation
Business Address		
Type of Contribution:		
Page Subtotal		
i age oubletai	\$155.00	

Page 9 of 9

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

Enter this total on line 3a of Summary Page.



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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number <u>138477</u>

001.25022	OTE M:	10 T I
CANDIDATE COM	MITTEE 2. Committee Name CIE IVIICNA	el 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 purchased	7. Amount or Fair Market Value 8. Cumulative for Election Cycle (Throug date in Item 5
Contribution # 1 PAC Receipt? Yes Name & Address:		
O'Brien, Debra 52719 Florence Shelby Township, MI 48315 If over \$100.00 cumulative, please provide: Occupation: Sales Manager	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LC Description Food for Fundraiser	s 150.00 s 450.00 Dan —
Employer Name & Business Address: CommScope, Inc. 1100 Commscope Place SE, Hickory, NC	5. Date Of Receipt: 10/11/096. Vendor Name & Address:	Click Here for Memo Itemization
Fund Raiser Contribution		
Contribution # 2 PAC Receipt? Yes Name & Address Taylor, Michael C. 35651 Kensington Ave	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others	\$ 1,107.82 \$ 1,107.82
Sterling Heights, MI 48312	Goods or Services Purchased by Candidate or Others-LC	DAN
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	Description Post Cards for Mailer 5. Date Of Receipt: 10/02/09 6. Vendor Name & Address: Allegra Print & Imaging 5651 Thirteen Mile	Click Here for Memo Itemization
Fund Raiser Contribution	Warren, MI 48092	
Contribution #3 PAC Receipt? Yes Name & Address: Taylor, Michael C. 35651 Kensington Ave Sterling Heights, MI 48312	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others	\$ 23.80 \$ 1131.62
If over \$100.00 cumulative, please provide: Occupation: Attorney Employer Name & Address:	Description Card Stock for Flyers 5. Date Of Receipt: 08/14/09 6. Vendor Name & Address:	
Burket Savage, P.C. 23409 Jefferson Ave, Suite 107 St. Clair Shores, MI 48080	Meijer Van Dyke Ave Sterling Heights, Michigan	Click Here for Memo Itemization
Fund Raiser Contribution		
	Page Sub	Ψ1,201.02
	Grand Total of all Schedules (Complete on last page of Sched	
		Enter this total

on line 6 of Summary Page



Page 2 of 3

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 138477

on line 6 of Summary

Page

CANDIDATE COM	MITTEE 2. Committee Name CIE IVIICNA	3 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 Receipt6. Name & Address of Vendor from whom goods or services we purchased	7. Amount or Fair Market for Election Cycle (Throug date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address: Taylor, Michael C. 35651 Kensington Ave Sterling Heights, MI 48312 If over \$100.00 cumulative, please provide:	Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LO	_{\$} 115.60 _{\$} 1247.22
Occupation: Attorney Employer Name & Business Address: Burket Savage, P.C. 23409 Jefferson Ave, Suite 107 St. Clair Shores, MI 48080 Fund Raiser Contribution	Description Paper and Printer Ink 5. Date Of Receipt: 08/16/09 6. Vendor Name & Address: OfficeMax 37600 Van Dyke Sterling Heights, MI 48312	Click Here for Memo Itemization
Contribution # 2 PAC Receipt? Yes Name & Address Taylor, Michael C. 35651 Kensington Ave Sterling Heights, MI 48312 If over \$100.00 cumulative, please provide:	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others-Lo. Description Paper and Printer Ink	\$ 51.71 \$ 1298.93 AN
Occupation: Attorney Employer Name & Address: Burket Savage, P.C. 23409 Jefferson Ave Suite 107 St. Clair Shores, MI 48080 Fund Ralser Contribution	5. Date Of Receipt: 08/14/09 6. Vendor Name & Address: OfficeMax 37600 Van Dyke Sterling Heights, MI 48312	Click Here for Memo Itemization
Contribution #3 PAC Receipt? Yes Name & Address: Faylor, Michael C. 35651 Kensington Ave Sterling Heights, MI 48312 If over \$100.00 cumulative, please provide:	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated \$ Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOA Description Printer Ink	14.30 _{\$} 1313.23
Occupation: Attorney Employer Name & Address: Burket Savage, P.C. 23409 Jefferson Ave, Suite 107 St. Clair Shores, MI 48080 Fund Raiser Contribution	5. Date Of Receipt: 08/15/09 6. Vendor Name & Address: Meijer Van Dyke Ave, Sterling Heights, MI 48312	Click Here for Memo Itemization
	Page Subto Grand Total of all Schedules (Complete on last page of Schedu	1-IK



Page 3 of 3

ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK

1. Committee I. D. Number 138477

CANDIDATE COM	MITTEE 2 Committee Name CIE IVIICNAE!	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 well purchased	7. Amount or Fair Market for Election Cycle (Through date in Item 5		
Contribution # 1 PAC Receipt? Yes Name & Address: Taylor, Michael C. 35651 Kensington Ave Sterling Heights, MI 48312 If over \$100.00 cumulative, please provide: Occupation: A 44	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others-LOAN ☐ Description Yard SignsDeposit	\$ 550.00 \$ 1863.23		
Employer Name & Business Address: Burket Savage, P.C. 23409 Jefferson Ave, Suite 107 St. Clair Shores, MI 48080 Fund Raiser Contribution	5. Date Of Receipt: 09/11/09 6. Vendor Name & Address: Done Right Engraving, Inc. 119 N. Saginaw St. Pontiac, Mi 48342	- Click Here for Memo Itemization		
Contribution # 2 PAC Receipt? Yes Name & Address Taylor, Michael C. 35651 Kensington Ave Sterling Heights, MI 48312	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others-LOAN	62.97		
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	Description Website Domain and Hosting 5. Date Of Receipt: 10/01/09 6. Vendor Name & Address: Homestead Technologies	Click Here for Memo Itemization		
Fund Raiser Contribution				
Contribution #3 PAC Receipt? Yes Name & Address:	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated \$ Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others Coods or Services Purchased by Candidate or Others	\$		
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Description 5. Date Of Receipt: 6. Vendor Name & Address:	lick Here for Memo Itemization		
Fund Raiser Contribution				
	Page Subtota	\$612.97		
	Grand Total of all Schedules 1-i (Complete on last page of Schedule	1 % 2 11/16 21 1 i		

Enter this total on line 6 of Summary Page



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			
Name Done Right Engraving, Inc.		09/11/09	s 616 <i>.</i> 00
Address	Purpose: Yard Signs	Date	\$ <u>010.00</u>
119 N. Saginaw St.		11 6 14	
Pontiac, MI 48342	 		Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	•	
Expenditure #2		· · · · · · · · · · · · · · · · · · ·	
Name Lasercom, LLC		10/15/09	\$ 1366.61
Address	Purpose: Imaging and Postage	Date	1000.01
2230 Elliot5	Click	Here for Memo	Itemization Type
Troy, MI 48083	Check box if this expenditure is payment of		,
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name C&G News		10/21/09	. 4004.00
Address	Purpose: Advertisement	Date	\$ <u>1364.00</u>
13650 11 Mile			
Warren, MI 48089	i	Here for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			·
Name			
Address		Date	\$
	Purpose:		
	Click H	lere for Memo	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	\$
		()	
	Click Here for Memo Itemization Typ Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
	Subtota	al this page	\$3,346.61
	Grand Total of all S (Complete on last page		\$3,346.61

Enter this total on line 8a of Summary Page

Page ____ of ___



DEBTS AND OBLIGATIONS 1.0	Committee I.D. Number			
SCHEDULE 1E	-			
CANDIDATE COMMITTEE 2.0	Committee Name			
This Schedule itemizes:			· · · · · · · · · · · · · · · · · · ·	
a Debts and obligations owed by or forgiven the com (Che	omittee OR b. Debt ck either a or b. Use only for the pu	s and obligations owed <u>to</u> o Irpose checked.)	r forgiven <u>by</u> the co	ommittee.
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	Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by:	4. Type: In-Kind Loan	\$		
Taylor, Michael C. 35651 Kensington Ave	5. Date Debt Was Incurred:	\$		
Sterling Heights, MI 48312	08/14/09	\$	s 0.00	s 75.51
	6. Original Amount of Debt:	\$	\$ 0.00	\$
	\$ 75.51	\$		FORGIVEN
If bank loan, name of endorser or guarantor:		Amo	ount Endorsed: \$ _	
Debt #2 Corp? Yes Owed to or by:	4. Type: In-Kind Loan	\$		
Taylor, Michael C. 35651 Kensington Ave	5. Date Debt Was Incurred:	\$		
Sterling Heights, MI 48312	8/15/09 6. <u>Original Amount of Debt</u> :	\$	0.00	s 14.30
	\$ 14.30	\$	\$ 0.00	\$ 14.30
	Ψ	\$		FORGIVEN
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$_	
Debt #3 Corp? Yes Owed to or by:	4. Type: In-Kind Loan	\$		
Taylor, Michael C.	5. Date Debt Was Incurred:	\$		
35651 Kensington Ave	8/16/09	\$		
Sterling Heights, MI 48312	6. Original Amount of Debt:	\$	\$_0.00	\$ <u>115.60</u>
	_{\$115.60}			FORGIVEN
W. III		<u> </u>		
If bank loan, name of endorser or guarantor:		Am	ount 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)				
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.				Enter this total on line 12a "owed by"" or line 12b "owed to" of the Summary Page



DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number

138477

CANDIDATE COMMITTEE

2. Committee Name CTE IVIIC

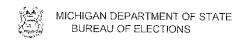
CTE Michael C. Taylor

This Schedule itemizes:				
	r -			
Debts and obligations owed <u>by</u> or forgiven the com (Che	imittee OR b Debt ck either a or b. Use only for the pu	s and obligations owed <u>to</u> our	r forgiven <u>by</u> the co	mmittee.
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? Yes Owed to or by:	4. Type: In-Kind Loan	\$\$		
Taylor, Michael C. 35651 Kensington Ave	5. Date Debt Was Incurred:	\$		
Sterling Heights, MI 48312	09/08/09	\$	0.00	\$ 550.00
,	6. Original Amount of Debt:	\$	\$ <u>0.00</u>	\$_330.00
	\$_550.00	\$		FORGIVEN
If bank loan, name of endorser or guarantor:			ount Endorsed: \$ _	
Debt #2 Corp? Yes	4. Type: In-Kind Loan	71110	T- Lindoised. 3	
Owed to or by:	71	\$		
Taylor, Michael C. 35651 Kensington Ave	5. <u>Date Debt Was Incurred:</u> 10/2/09			
Sterling Heights, MI 48312	6. Original Amount of Debt:	\$	\$ 0.00	s 1107.82
	s 1107.82	\$	\$ 0.00	
	*	\$		FORGIVEN
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$	
Debt #3 Corp? Yes Owed to or by:	4, Type: In-Kind Loan	\$		
Taylor, Michael C.	5. Date Debt Was Incurred:	<u> </u>		
35651 Kensington Ave	10/1/09			
Sterling Heights, MI 48312	6. Original Amount of Debt:	<u> </u>	s 0.00	_{\$} 62.97
	_{\$} 62.97	\$	Ψ	FORGIVEN
		\$		TONGIVEN
if bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$	
		Page Subtotal (Outstanding debt)	\$1,720.79
(Cor	nplete on last page of Schedule sh	Grand Total o	f all Schedules 1E	\$1,926.20
`	, ,	5 21122 29 01		Enter this total

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.

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

Page Q of Q



FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

1. Committee I.D. Number 138477

		2. 001	minde ivanie	
	- USE A	SEPARATE SH	EET FOR EACH EVENT	
3. Date Event Was Held	A. Number of or Participating greater)	Individuals Attending ng (whichever is	5. Type of Fund Raising Activity	Address and Name (If any) of the place where the activity was held.
10/11/09	groutery	45	Dinner	52719 Florence Shelby Township, MI 483 Private Residence
7. Total Contributions	9	\$1,945.00		
8. Other Receipts \$0.00				
9. Gross Receipts (Add lines 7	and 8)	\$1,945.00	******	
10. Total Cost of Event (Total Cost includes In-Kind Col		\$150.00 nd All Expenditures	Made For the Event	
11. Check if event was a joi				
Co-Sponsor(s)		Contribution S (%)	plit	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.

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Page	I	٥f	į	
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