

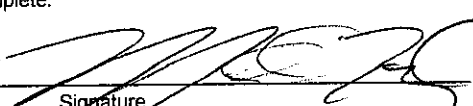



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

1. Committee I.D. Number 138477		3. This Statement covers From: <u>01/01/11</u> to <u>10/23/11</u>	
2. Committee Name CTE Michael C. Taylor		4. Candidate Last Name Taylor First Name Michael M.I. 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 <u>(586) 822-3500</u> 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 <u>(586) 822-3500</u>	
7. Treasurer's Business Address 35651 Kensington Ave Sterling Heights, MI 48312 Area Code and Phone <u>(586) 822-3500</u>		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 <u>(586) 822-3500</u>	
9. TYPE OF STATEMENT 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus Date of Election, Convention or Caucus <u>11/08/11</u> 9c. <input type="checkbox"/> Annual Statement (_____ Coverage Year) 9d. <input checked="" type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e. <input type="checkbox"/> 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 Type or Print Name		Signature  Date <u>11/14/2011</u>	
Candidate Michael C. Taylor Type or Print Name		Signature  Date <u>11/14/2011</u>	



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 138477

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: Michael C. Taylor 35651 Kensington Ave Sterling Heights, MI 48312 If over \$100.00 cumulative, please provide: Occupation: <u>Attorney</u> 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>Fundraiser invitations</u> 5. Date Of Receipt: <u>09/07/11</u> 6. Vendor Name & Address: In the Mix Productions 30450 Ryan Warren, MI 48092 Click Here for Memo Itemization	\$ <u>159</u>	\$ <u>2379.32</u>
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Michael C. Taylor 35651 Kensington Ave Sterling Heights, MI 48312 If over \$100.00 cumulative, please provide: Occupation: <u>Attorney</u> Employer Name & Address: Same as above <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>Envelopes</u> 5. Date Of Receipt: <u>09/07/11</u> 6. Vendor Name & Address: Office Max 37600 Van Dyke Ave Sterling Heights, MI 48312 Click Here for Memo Itemization	\$ <u>23.30</u>	\$ <u>2402.62</u>
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Michael C. Taylor 35651 Kensington Ave Sterling Heights, MI 48312 If over \$100.00 cumulative, please provide: Occupation: <u>Attorney</u> Employer Name & Address: same as above <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>Postage for Invitations</u> 5. Date Of Receipt: <u>09/07/11</u> 6. Vendor Name & Address: US Post Office 23125 Greater Mack St. Clair Shores, MI Click Here for Memo Itemization	\$ <u>103.68</u>	\$ <u>2506.30</u>

Page Subtotal **\$285.98**

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

Enter this total
on line 6 of Summary
Page