



**CANDIDATE COMMITTEE  
COVER PAGE**

FOR OFFICIAL USE ONLY

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

3. This Statement covers: from 01/06/14 to 07/20/14

4. Candidate Last Name Taylor First Name Christopher M.I. \_\_\_\_\_

4a. Office Sought Including District # or Community Served (If applicable)  
**Mayor of Ann Arbor**

4b. County of Residence **WASHTENAW**

6. Treasurer's Name & Residential Address  
Leah Gunn  
1308 East Stadium Blvd.  
Ann Arbor, MI 48104

Area Code & Phone (734) 663-7307

8. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)  
\_\_\_\_\_

Area Code and Phone \_\_\_\_\_

1. Committee I.D. Number  
**C-2014-001**

2. Committee Name  
**Christopher Taylor for Mayor**

5. Committee's Mailing Address  
**1308 East Stadium Blvd.**  
**Ann Arbor, MI 48104**

Area Code and Phone (734) 663-7307

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.

7. Treasurer's Business Address  
\_\_\_\_\_

Area Code and Phone \_\_\_\_\_

9. TYPE OF STATEMENT

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

Pre-Election or Post-Election Statement relates to:

Primary  
 General  
 Convention  
 Special  
 School  
 Caucus

Date of Election, Convention or Caucus  
11/05/14

Required ONLY if candidate is not on the ballot for the current year:

July Quarterly  
 October Quarterly

9c.  Annual Statement (\_\_\_\_\_) Coverage Year

9d.  Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

9e. Dissolution of Candidate Committee

By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven and no longer collectible from the committee. The committee has no outstanding assets, owes no lates fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution  
\_\_\_\_\_

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

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record Keeper Leah Gunn Type or Print Name  
Leah Gunn Signature Date 7/31/14

Candidate Christopher Taylor Type or Print Name  
Christopher Taylor Signature Date 7/31/14

FILED  
 WASHTENAW COUNTY, MI  
 2014 JUL 31 P 3:49  
 LAWRENCE KESTERBAUM  
 COUNTY CLERK/REGISTER



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2014-001  
2. Committee Name Christopher Taylor for Mayor

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>05/28/14</u> Name & Address: William Lockwood 535 Galen Circle Ann Arbor, MI 48103 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>100.00</u>	\$ <u>100.00</u>  <a href="#">Click Here for Memo Itemization</a>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/28/14</u> Name & Address: Gus Pappas 436 Eberwhite Ann Arbor, MI 48103 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>25.00</u>	\$ <u>25.00</u>  <a href="#">Click Here for Memo Itemization</a>
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/14</u> Name & Address: James Toy 172 Dexter, Apt. 2 Ann Arbor, MI 48103 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>100.00</u>	\$ <u>100.00</u>  <a href="#">Click Here for Memo Itemization</a>
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/14</u> Name & Address: Alan Krisch 367 B West Hall Ann Arbor, MI 48109 5. If over \$100.00 cumulative, please provide: Occupation <u>Professor</u> Employer <u>Univ. of Mich.</u> Business Address <u>367 B West Hall Ann Arbor, MI 48109</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>500.00</u>	\$ <u>500.00</u>  <a href="#">Click Here for Memo Itemization</a>

Page Subtotal \$725.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.