



**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: 10/21/14 to 11/24/14

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

2. Committee Name
Christopher Taylor for Mayor

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**

5. Committee's Mailing Address
**2115 Nature Cove Ct. No. 207
Ann Arbor, MI 4814**

Area Code and Phone (734) 485-8346

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
**Leah Gunn
2115 Nature Cove Ct. No. 207
Ann Arbor, MI 48104**

Area Code & Phone (734) 845-8346

7. Treasurer's Business Address

Area Code and Phone _____

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

Area Code and Phone _____

FILED
WASHTENAW COUNTY, MI
2015 MAY 14 PM 12:29
LAWRENCE KESTER BAUM
COUNTY CLERK REGISTER

9. TYPE OF STATEMENT

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

Pre-Election or Post-Election Statement relates to:

Primary

General

Convention

Special

School

Caucus

Date of Election, Convention or Caucus
11/04/14

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 late 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 Signature Leah Gunn Date 5/12/15

Candidate Christopher Taylor Signature Christopher Taylor Date 5-12-15



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

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Christopher Taylor for Mayor

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$0.00</u>	(18.) \$ <u>\$0.00</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>\$0.00</u>	(20.) \$ <u>\$0.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$0.00</u>	(21.) \$ <u>\$0.00</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>\$1,260.17</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>\$1,260.17</u>	(23.) \$ <u>\$1,260.17</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>\$0.00</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>\$1,460.80</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$0.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$1,460.80</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$1,260.17</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$200.63</u>	*



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name PSI Services LLC Address 2950 N. Hollywood Way Burbank, CA 91505 <input type="checkbox"/> Fund Raiser	Purpose: <u>Web Services</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/18/14</u> Date	<u>\$ 40.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name Chase Bank Address 1501 East Stadium Ann Arbor, MI 48104 <input type="checkbox"/> Fund Raiser	Purpose: <u>Bank Fees</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/20/14</u> Date	<u>\$ 60.00</u> Click Here for Memo Itemization Type
Expenditure #3 Name Messenger Printing Address 20136 Ecorse Rd. Taylor, MI 48180 <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/21/14</u> Date	<u>\$ 1160.17</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	\$1,260.17
Grand Total of all Schedules 1B (Complete on last page of Schedule)	\$1,260.17

Enter this total
on line 8a of
Summary Page

CLMS TAYLOR

Bank of Ann Arbor
Main Office
734-662-1600

Station MA07 Teller 0008 Seq# 0023
05/06/2015 10:19:31 AM

New Checking Deposit

Account #: *****1135

Amounts Received:	
Checks In:	200.63
Grand Total:	200.63

All items credited subject to payment.

Thank you for selecting
Bank of Ann Arbor
The Bank that Helps!