FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) Michael Taylor	OFFICE USE ONLY							
Name (2) PO Box 8021	ONLINE SUBMISSION							
(2) PO Box 8021 Address (number and street)	[1011630]							
Fleming Island, FL 32006								
City, State, Zip Code								
☐ CHECK IF ADDRESS HAS CHANGED	(3) ID Number:							
(4) Check appropriate box(es): ☐ Candidate (office sought): Sheriff ☐ Political Committee ☐ CHECK IF PC HAS DISBANDED ☐ Committee of Continuous Existence ☐ CHECK IF CCE HAS DISBANDED ☐ Party Executive Committee ☐ Electioneering Communication ☐ CHECK IF NO OTHER ELECTIONEERING								
(5) REPORT	COMMUNICATION REPORTS WILL BE FILED							
Cover Period: From 7/19/2008 To	8/1/2008 / Report Type F2							
☐ Original Amendment ☐ Special Election	Report							
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT							
Cash & Checks \$0.00	Monetary Expenditures \$ 11,891.16							
Loans \$	Transfers to Office Account \$ 0.00							
Total Monetary \$	Total							
In-Kind \$	Monetary \$11,891.16							
	(8) Other Distributions \$ 0.00							
(9) TOTAL Monetary Contributions To Date \$	(10) TOTAL Monetary Expenditures To Date \$							
(11) CERTIFICATION								
It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.) I certify that I have examined this report and it is true, correct, and complete. (Type name) I certify that I have examined this report and it is true, correct, and complete. (Type name)								
Individual (only for election eering commun.)	Candidate Chairperson (only for PC, PTY & electioneering commun. organization)							
X Signature	X Signature							
Olgriature	Olgriature							

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	HILLIACT TAYTOL				z) I.D. Numbe	·r1	.17
	7/19/2008		8	/1/2008			
(3) Cover Perio	od//	thro	ugh	1 1	(4) Pag	e 1	of ⁰
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(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name		(0)	(5)	(10)	X. 17	(12)
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	C~	ntributor	Contribution	In-kind		
Number	City, State, Zip Code	1	Occupation	ACTUAL CONTRACTOR CONT	Description	Amendment	Amount
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Mic	hael Ta	ylor	331 331077	Marie 1997		99 99 100	 (2) I.D. Num	ber	_	117	
	7/19	/2008	3		8/1/200	8	~ ~				
(3) Cover Perio	od/		<i>I</i>	through_		1	 (4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
7/23/2008	Voices, Votes & Victories,	mailings	MO	Add	\$11,891.16
1	7247 Holiday Road N. Jacksonville, FL 32216				
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DS-DE 14 (Rev.	00/03/				