CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Taylor Phillips	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	95 Bunting Dr.	Submitted on:							
	Address (number and street)	10/10/2014 16:45:20 (eastern)							
	Crawfordville, FL 32327								
	City, State, Zip Code								
	Check here if address has changed	(3) ID Number:31							
(4)	Check appropriate box(es):								
	<ul> <li>☐ Candidate Office Sought: County Commissioner District 2</li> <li>☐ Political Committee (PC)</li> <li>☐ Electioneering Communications Org. (ECO)</li> <li>☐ Party Executive Committee (PTY)</li> <li>☐ Check here if PTY has disbanded</li> <li>☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> <li>☐ Check here if no other IE or EC reports will be filed</li> </ul>								
	(5) Report	Identifiers							
Cove	er Period: From 9 / 27 / 2014 To								
X O	riginal Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casl	n & Checks \$,, _6000	Monetary							
Loar		Transfers to Office Account \$ , , , 0 . 00							
Tota	I Monetary \$ , , 6000								
In-Ki	ind \$,, 404.90	Total Monetary \$ , , , 0 . 00							
		(8) Other Distributions \$ , , 000							
(9)	(9) TOTAL Monetary Contributions To Date \$\\ \begin{array}{cccccccccccccccccccccccccccccccccccc								
(T)	(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)  Individual (only for IE Treasurer Deputy Treasurer or electioneering comm.)  (Type name)  Candidate Chairperson (only for PC and PTY)								
X		X Simulatura							
Si	gnature	Signature							

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name				(2) I.D. Number					
	9/27/20	14		10/3/	2014				
(3) Cover Perio	d /	1	through	1	1	(A) Page	1	of	1

(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Туре		Contribution Type	In-kind Description	Amendment	Amount
9/27/2014	Parker, Robert C 43 Harbour Point Drive Crawfordville, FL 32327	I	retired	IK	meet & greet		\$196.3
9/27/2014	Oosterhof, Albert ( 177 Harbour Point Dr. Crawfordville, Wa 32327	C I	retired	IK	meet & greet		\$208.5
9/27/2014	Voland, Sarah 25 Connie Dr. Crawfordville, FL 32327	I		CA			\$10.0
9/27/2014	Apthorp, George 2888 Spring Creek Hwy Crawfordville, FL 32327	I		СН			\$50.0
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES  (1) Name Taylor Phillips (2) I.D. Number 31								
	9/27/2014 10 / / through	/3/2014	4) Page <u>1</u>		0			
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10)	(11) Amount			
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