CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Taylor Phillips	OFFICE USE ONLY								
	Name	ONLINE SUBMISSION								
(2)	95 Bunting Dr.	Submitted on:								
	Address (number and street)	2/2/2015 19:33:22 (eastern)								
	Crawfordville, FL 32327									
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number:31								
(4)	Check appropriate box(es):									
	 ☐ Candidate Office Sought: County Commissioner District 2 ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Check here if PTY has disbanded ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications) ☐ Check here if no other IE or EC reports will be filed									
	(5) Report	Identifiers								
Cove	er Period: From 10 / 18 / 2014 To									
o [original ⊠ Amendment ☐ Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Casl	h & Checks \$, , 0 . 00	Monetary								
Loar		Transfers to Office Account \$, , , 0 . 00								
Tota	Monetary \$,,,000	Total Manatany C 450 00								
In-Ki	ind \$,,,000	Total Monetary \$, , 469 . 92								
		(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 Deputy Treasurer Candidate Chairperson (only for PC and PTY)									
X		<u>X</u>								
Si	gnature	Signature								

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Taylor Phillips	(2) I.D. Number							
	10/18/2014		1	0/30/2014					
(3) Cover Perio	od / /	thro	ough	1 1	(4) Pag	e	of		
-				r					
(5)	(7)		(8)	(9)	(10)	(11)	(12)		
Date	Full Name								
(6)	(Last, Suffix, First, Middle)	_	SECOND DESCRIPTION OF STREET		Inca Processo				
Sequence Number	Street Address & City, State, Zip Code		ontributor Occupation	Contribution	In-kind Description	Amendment	Amount		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount		
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _	Taylor	Philli	ps				 (2) I.D. Nun	nber	3	31	300
		10/18/2	2014		10/30/	2014					-
(3) Cover P	eriod	1	1	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
10/20/2014	Vistaprint, 95 Hayden Ave. Lexington, MA 02421	web site maintenance	МО	Add	\$14.99
1 10/21/2014 / 2	Auto Trim Design, 1616 Crawfordville Hwy. Crawfordville,	signs	МО	Add	\$454.93
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