	CAMPAIGN TREASURE	ER'S REPORT SUMMARY						
(1)	Taylor Phillips	OFFICE USE ONLY						
	Name	ONLINE SUBMISSION						
(2)	95 Bunting Dr	Submitted on:						
	Address (number and street)	6/27/2014 17:28:46 (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 Commis	sioner District 2						
	<ul><li>☐ Political Committee (PC)</li><li>☐ Electioneering Communications Org. (ECO)</li></ul>	☐ Check here if PC or ECO has disbanded						
		Check here if PTY has disbanded						
	☐ Independent Expenditure (IE) (also covers an	☐ Check here if no other IE or EC reports will be filed						
	individual making electioneering communications)							
	(5) Report	t Identifiers						
Cove	rer Period: From 5 / 1 / 2014 To							
		ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
	<u> </u>	Monetary						
Casl	h & Checks \$ , , 0 . 00	Expenditures \$ , , _59 . 67						
Loor	• • • • • • • • • • • • • • • • • • •	The order to						
Loar	ns \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$						
Tota	al Monetary \$ , , 0.00	Office Account \$ , , , 0 . 00						
TOta	il Monetary $\Psi_{\underline{}}$ , $\underline{}$	Total Monetary \$ . 59 . 67						
In Ki	ind \$ , , 0.00	Total Monetary \$ , , <u>59</u> . <u>67</u>						
In-Ki	ind Ψ,, <u>σ</u> . <u>σσ</u>	(8) Other Distributions						
		(8) Other Distributions \$ , , 000_						
		,,,						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$	\$ , , <u>168</u> . <u>51</u>						
		tification son to falsify a public record (ss. 839.13, F.S.)						
١٥	-							
10	I certify that I have examined this report and it is true, correct, and complete:							
_(T	ype name)	(Type name)						
	Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)						
X		X						
Si	ignature	Signature						

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

(1) Name	Taylor Phillips	(2) I.D. Number						
	5/1/2014		5	/31/2014				
(3) Cover Perio	od / /	thro	ough	<i>l l</i>	(4) Pag	e	of	
		r		r	1	7		
(5)	(7)		(8)	(9)	(10)	(11)	(12)	
Date	Full Name							
(6)	(Last, Suffix, First, Middle)	_		_				
Sequence	Street Address &		ontributor	Contribution	In-kind	Acceptation		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount	
J I	-							
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1 1								
				l .				

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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

(1) Name _	Taylor	Philli	ps				 (2) I.D. Nur	nber	3	31	-
		5/1/201	L 4		5/31/2	014					
(3) Cover P	eriod	1	1	through	1	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
5/2/2014	Harvest Printing & Copy Center, 1613 Capital Circle NE Tallahassee, FL 32308	printing	МО	Add	\$16.13
5/6/2014	CopyRight Copies, 3551 Blairstone Road, Suite 105 Tallahassee, FL 32301	printing	МО	Add	\$4.30
5/6/2014	CopyRight Copies, 3551 Blairstone Road, Suite 105 Tallahassee, FL 32301	printing	MO	Add	\$4.84
5/9/2014	CopyRight Copies, 3551 Blairstone Road, Suite 105 Tallahassee, FL 32301	printing	МО	Add	\$4.84
5/12/2014	CopyRight Copies, 3551 Blairstone Road, Suite 105 Tallahassee, FL 32301	printing	МО	Add	\$6.55
5/31/2014	Amazing Mail Solutions, 2671 Crawfordville Hwy Crawfordville, FL 32327	printing	МО	Add	\$23.01
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