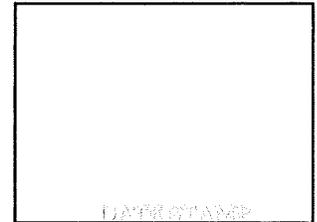


2013
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SECRETARY OF STATE
Municipal Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2013 Election

Delbert Hosemann
SECRETARY OF STATE



Name MIKE Taylor

Address 108 Rosemary Ave Long Beach MS County HARRISON

Telephone 228-596-1214 Fax _____

Office Sought ALDERMAN Ward 2 Email Address METNIST60@yahoo.com

Check here if above is different from previous report

- ____ April 30, 2013 Primary Pre-Election Report (January 1, 2013, through April 27, 2013) **Mandatory**
Primary Candidates Only
- ____ May 14, 2013 Primary Pre-Runoff Report (April 28, 2013, through May 11, 2013)..... **Mandatory**
Primary Runoff Candidates Only
- X May 28, 2013 General Pre-Election Report **Mandatory**
(Primary Election Winners report April 28, 2013, through May 25, 2013) *All Candidates*
(Independent Candidates report January 1, 2013, through May 25, 2013) *must report*
- ____ January 31, 2014 Annual Report (January 1, 2013 through December 31, 2013)..... **Mandatory**
All Candidates must report unless terminated
- ____ Termination Report (Candidate will no longer accept contributions or make Campaign expenditures and has no outstanding campaign debt obligation) **Required to terminate reporting obligations**

IMPORTANT

(1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.

(2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).

(3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 200.00 +\$	\$	\$ 200.00
Total amount of disbursements	\$ 824.97 +\$	\$	\$ 824.97
Total amount of cash on hand	—	\$ —	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Mike Taylor
Signature of Candidate

5-28-2013
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.
Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for Statewide, State district, Multi-County and all Legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-576-2545.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.
3. Candidates for Municipal office should return forms to their Municipal Clerk.

Name of Candidate or Committee MIKE Taylor
 Reporting period Jan 1st 2013 through May 25th 2013

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Southern Printing & Silkscreening, Inc</u>		
Mailing Address		
<u>930 Davis Ave</u>	<u>5/20/2013</u>	\$ <u>824.97</u>
City, State, Zip Code		
<u>PASS CHRISTIAN MS 39571</u>	_ / _ / _	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
	_ / _ / _	\$
City, State, Zip Code		
	_ / _ / _	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
	_ / _ / _	\$
City, State, Zip Code		
	_ / _ / _	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
	_ / _ / _	\$
City, State, Zip Code		
	_ / _ / _	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
	_ / _ / _	\$
City, State, Zip Code		
	_ / _ / _	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
	_ / _ / _	\$
City, State, Zip Code		
	_ / _ / _	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$