

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

C00334276      081878  
 LEN BRAFFORD  
 MIKE TAYLOR FOR CONGRESS  
 PO BOX 3323  
 CONCORD      NC 28025

RECEIVED  
FEDERAL ELECTION  
COMMISSION

OCT 19 11 56 AM '98

2. FEC IDENTIFICATION NUMBER  
 3. IS THIS REPORT AN AMENDMENT?  
 YES       NO

## 4. TYPE OF REPORT

- April 15 Quarterly Report       12-Day Pre-Election Report for the \_\_\_\_\_ (Type of Election)  
 election on \_\_\_\_\_ in the State of \_\_\_\_\_  
 July 15 Quarterly Report  
 October 15 Quarterly Report       80-Day Post-Election Report following the General Election  
 on \_\_\_\_\_ in the State of \_\_\_\_\_  
 January 31 Year End Report  
 July 31 Mid-Year Report (Non-election Year Only)       Termination Report

This report contains activity for  Primary Election       General Election       Special Election       Runoff Election

## SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
A/27/98 through 9/30/98		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	48,245	243,788
(b) Total Contribution Refunds (from Line 20(d))		
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	48,245	243,788
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	38,105	181,340
(b) Total Offsets to Operating Expenditures (from Line 14)	175	276
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	37,930	181,064
8. Cash on Hand at Close of Reporting Period (from Line 27)	81,675	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-219-3420
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	NONE	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	20,000	

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

Type or Print Name of Treasurer: **Len R. Brafford**

Signature of Treasurer: *Len R. Brafford*      Date: **10/15/98**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

# DETAILED SUMMARY PAGE

## of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full)	Report Covering the Period:	
<b>Mike Taylor for Congress</b>	From: <b>8/27/98</b>	To: <b>9/30/98</b>
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) -----	18,210	
(ii) Unitemized -----	11,095	
(iii) Total of contributions from individuals -----	29,305	158,298
(b) Political Party Committees -----	1,540	1,840
(c) Other Political Committees (such as PACs) -----	17,400	83,650
(d) The Candidate -----		
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i), (b), (c) and (d)) -----	48,245	243,788
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES</b> -----		
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate -----	20,000	21,750
(b) All Other Loans -----		
(c) TOTAL LOANS (add 13(a) and (b)) -----	20,000	21,750
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)</b> -----	175	276
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.)</b> -----		
<b>16. TOTAL RECEIPTS (add 11(a), 12, 13(c), 14 and 15)</b> -----	68,420	265,814
<b>II. DISBURSEMENTS</b>		
<b>17. OPERATING EXPENDITURES</b> -----	38,105	181,340
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b> -----		
<b>19. LOAN REPAYMENTS:</b>		
(a) Of Loans Made or Guaranteed by the Candidate -----		1,750
(b) Of All Other Loans -----		
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) -----		
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees -----		
(b) Political Party Committees -----		
(c) Other Political Committees (such as PACs) -----		
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) -----		
<b>21. OTHER DISBURSEMENTS</b> -----		1,050
<b>22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)</b> -----	38,105	184,140
<b>III. CASH SUMMARY</b>		
<b>23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD</b> -----	\$ 51,360	
<b>24. TOTAL RECEIPTS THIS PERIOD (from Line 16)</b> -----	\$ 68,420	
<b>25. SUBTOTAL (add Line 23 and Line 24)</b> -----	\$ 119,780	
<b>26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)</b> -----	\$ 38,105	
<b>27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)</b> -----	\$ 81,675	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE **1** OF **7**  
FOR LINE NUMBER **11A**

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**NAME OF COMMITTEE (In Full)**

Mike Taylor for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark Alberghini 401 S. Loves Chapel Rd. Stanfield, NC 28163	Multipl Drectry Srvc	9/30/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner	Aggregate Year-to-Date > \$ 500	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William S. Aldridge P.O. Box 207 Albemarle, NC 28001	Self-emp	9/30/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CPA	Aggregate Year-to-Date > \$ 500	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. F. Allen P.O. Box 699 Biscoe, NC 27209	Uwharrie Lumber Co	9/14/98	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 950	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John F. Baughman 11111 Wickdale Houston, TX 77024	Cisco Systems Inc.	9/22/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Computer Exec.	Aggregate Year-to-Date > \$ 1000	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Len R. Brafford P.O. Box 1237 Albemarle, NC 28002	Self-emp	9/14/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CPA	Aggregate Year-to-Date > \$ 750	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ben F. Burr 1813 Fayetteville Rd. Rockingham, NC 28379	B & B Cash Advance	9/30/98	300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner	Aggregate Year-to-Date > \$ 300	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kevin Carle 44180 Moss Ln. New London, NC 28127	Anderson Grove Pre-Schl	9/15/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner	Aggregate Year-to-Date > \$ 600	

**SUBTOTAL** of Receipts This Page (optional) ..... 2,750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 2 OF 7  
FOR LINE NUMBER 11A

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NAME OF COMMITTEE (in Full)

Mike Taylor for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jimmy D. Cooley 3103 Brookmont Pl. Charlotte, NC 28210	Womble Carlyle Sandridge	9/15/98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Atty	Aggregate Year-to-Date > \$ 500	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
C. B. Crook Jr. 1017 Belevedere Dr. Albemarle, NC 28001	Crook Motors	9/14/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner	Aggregate Year-to-Date > \$ 1250	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joe Davis 915 Morningside Dr. Rockingham, NC 28379	Self-emp	9/30/98	40.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Atty	Aggregate Year-to-Date > \$ 290	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Thomas P. Dillon 1212 Rose Dr. Monroe, NC 28112	Montde Hardware	9/10/98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner	Aggregate Year-to-Date > \$ 1000	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Betty H. Garrison 819 N. Sixth St. Albemarle, NC 28001	Homemaker	9/15/98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$ 970	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James B. Garrison 819 N. Sixth St. Albemarle, NC 28001	S. Central Oil Co	9/14/98	625.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner	Aggregate Year-to-Date > \$ 2000	

SUBTOTAL of Receipts This Page (optional) ..... 2,665.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 3 OF 7  
FOR LINE NUMBER 11A

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NAME OF COMMITTEE (In Full)  
Mike Taylor for Congress.

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John S. Gaskin, Jr. P.O. Box 9 Locust, NC 28097	Retired	8/27/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2000	
Joseph R. Godwin 36398 Finger Rd. Mt. Pleasant NC 28124	Retired	9/14/98	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 300	
R. W. Goodman P.O. Box 338 Rockingham, NC 28379	Self-emp	9/1/98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Atty	Aggregate Year-to-Date > \$ 550	
David R. Green Rt. 1, Box 178-J Parkton NC 28371	Nursing Home	9/3/98	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner	9/3/98	1,000.00
Helen W. Greene 3114 Heglar Rd. Concord, NC 28025-8912	Homemaker	9/28/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500	
Woodrow W. Gunter III P.O. Drawer 249 Rockingham, NC 28380	Self-emp	9/14/98	P 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Atty	9/30/98	G 50.00
Randell F. Hastings P.O. Box 986 Concord, NC 28026	Self-emp	9/3/98	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Atty	Aggregate Year-to-Date > \$ 250	

SUBTOTAL of Receipts This Page (optional) ..... 4,650.00

TOTAL This Period (last page this line number only) .....

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**NAME OF COMMITTEE (In Full)**

Mike Taylor for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Dr. Bill Hahn Hatley, Jr. 319 N. Second St. Albemarle, NC 28001	Self-emp	9/15/98	750.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Dentist	Aggregate Year-to-Date > \$ 2000	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joanne Holmes 930 Sells Rd. Salisbury, NC 28144	Homemaker	9/22/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1350	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joe R. Hudson 250 Mrvin-Weddington Rd. Weddington, NC 28173	RCS Inc	9/28/98	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Pres.	Aggregate Year-to-Date > \$ 400	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Tom J. Keith 121 Cool Spring St. Fayetteville, NC 28301	Self-emp	9/28/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Realtor	Aggregate Year-to-Date > \$ 250	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Margaret T. King P.O. Box 305 Concord, NC 28026-0305	Sun Drop Co	9/22/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Pres/Owner	Aggregate Year-to-Date > \$ 500	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert D. Lee 241088 US 52 Hwy 5. Albemarle, NC 28001	Self-emp	9/15/98	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Farmer	Aggregate Year-to-Date > \$ 750	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
H. Bright Lindler 26 W. Lake Point Ln. Pinehurst, NC 28374	Self-emp	9/22/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Atty	Aggregate Year-to-Date > \$ 250	

SUBTOTAL of Receipts This Page (optional) .....

2,350.00

TOTAL This Period (last page this line number only) .....

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**NAME OF COMMITTEE (in Full)**

Mike Taylor for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Fred T. Lowrance 1410 Scotland Ave. Charlotte, NC 28207	Parker, Poe & Bernstein Occupation: Atty	9/10/98	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 350		
B. Full Name, Mailing Address and ZIP Code Fred D. McQueen MD P.O. Drawer 1257 Hamlet, NC 28345	Hamlet Hospital Occupation: Doctor	9/30/98	20.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 220		
C. Full Name, Mailing Address and ZIP Code David M. Morgan P.O. Drawer 188 Albemarle, NC 28002-0188	Auto Dealership Occupation: Owner	9/15/98	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250		
D. Full Name, Mailing Address and ZIP Code Jackie L. Morris P.O. Box 831 Troy, NC 27371	First Bank Occupation: Vice-Pres	9/14/98	300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300		
E. Full Name, Mailing Address and ZIP Code M. W. Mullinix, Sr. P.O. Box 354 Richfield, NC 28137	Retired Occupation:	9/15/98	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1956.65		
F. Full Name, Mailing Address and ZIP Code Bobby H. Myrick P.O. Box 728 Biscoe, NC 27209	Construction Co Occupation: Owner	9/14/98	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000		
G. Full Name, Mailing Address and ZIP Code David R. Parnell P.O. Box 190 Parkton, NC 28371	Parnell Oil Occupation: Owner	9/3/98	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250		

**SUBTOTAL** of Receipts This Page (optional) ..... 2,070.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A**

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**NAME OF COMMITTEE (in Full)**

Mike Taylor for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Philip O. Redwine 14005 Bingham Dr. Raleigh, NC 27614	Self-emp	9/22/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Atty	Aggregate Year-to-Date > \$ 250	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pamela L. SHipman 2519 Saddlewood Circle Concord, NC 28027	Piedmont Healthcare	9/10/98	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DD Director	Aggregate Year-to-Date > \$ 250	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gary Sides 8929-300 J. M. Keynes Dr. Charlotte, NC 28262	EBI Co	9/22/98	25.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Acct Mgr.	Aggregate Year-to-Date > \$ 375	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Maceo K. Sloan 103 W. Main St. Durham, NC 27701-3638	Sloan Financial Group Inc.	9/10/98	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Pres	Aggregate Year-to-Date > \$ 250	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Samuel Gren Starnes, Jr. 1511 Circle S. Ranch Rd. Monroe, NC 28110	Circle S.	9/12/98	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner	Aggregate Year-to-Date > \$ 1000	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Douglas D. Stokes 1009 Ridge St. Albemarle, NC 28001	Stokes Construction	9/30/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 250	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
H. P. Taylor, Jr. 210 Park Ave. Wadesboro, NC 28170	NC Gov.	9/2/8/98	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Governor	Aggregate Year-to-Date > \$ 1200	

**SUBTOTAL** of Receipts This Page (optional) ..... 2,225.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A**

**ITEMIZED RECEIPTS**

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PAGE 7 OF 7  
FOR LINE NUMBER 11A

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NAME OF COMMITTEE (In Full)  
Mike Taylor for Congress

A. Full Name, Mailing Address and ZIP Code Jim Brewer 325 Yadkin St. Albemarle, NC 28001  Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Alpha Computers  Occupation Owner  Aggregate Year-to-Date > \$1500	Date (month, day, year) 9/1/98 P 9/30/98 G	Amount of Each Receipt This Period  1,000.00 In kind 500.00 In kind
B. Full Name, Mailing Address and ZIP Code   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer   Occupation   Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
C. Full Name, Mailing Address and ZIP Code   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer   Occupation   Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
D. Full Name, Mailing Address and ZIP Code   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer   Occupation   Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
E. Full Name, Mailing Address and ZIP Code   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer   Occupation   Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
F. Full Name, Mailing Address and ZIP Code   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer   Occupation   Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
G. Full Name, Mailing Address and ZIP Code   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer   Occupation   Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period

SUBTOTAL of Receipts This Page (optional) ..... 1,500.00

TOTAL This Period (last page this line number only) ..... 18,210.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1  
FOR LINE NUMBER 11B

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

Mike Taylor for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Demo Century Club of Stanly Cty 8884 Griffin Greene Blvd. Oakboro, NC 28129		9/30/98	400.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 400	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Richmond Cty Demo Women 1402 Carolina Dr. Rockingham NC 28379		9/30/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Stanly Cty Demo Women P.O. Box 134 Badin, NC 28009		9/22/98	140.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 140	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

1,540.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (in Full)**  
 Mike Taylor for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Amer. Federation of Teachers AFL 555 New Jersey Ave., NW Washington, DC 20001-2079	-CIO Occupation	9/4/98	5,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date >	\$ 5000	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date >	\$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Fred Folger Jr. for Senate P.O. Box 428 Mt. Airy, NC 27030	Occupation	9/3/98	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date >	\$ 100	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Dale Furr for Sheriff Camp 159 Brookwood Ln. Ellerbe NC 28338	Occupation	9/30/98	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date >	\$ 350	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Hefner for Congress P.O. Box 3016 Concord, NC 28025	Occupation	9/28/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date >	\$ 2000	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
I.B.E.W. - C.O.P.E. 1125 - 15th St. NW Washington, DC 20005	Occupation	9/14/98	2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date >	\$ 10000	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Natl Leadership PAC P.O. Box 5577 New York, NY 10027	Occupation	9/8/98	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date >	\$ 1000	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	9,300.00
<b>TOTAL This Period</b> (last page this line number only) .....	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 2 OF 2  
FOR LINE NUMBER 11C

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (in Full)**

Mike Taylor for Congress

A. Full Name, Mailing Address and ZIP Code Aaron W. Plyler Candidate for Senate 2170 Concord Ave. Monroe, NC 28110	Name of Employer  Occupation Aggregate Year-to-Date > \$ 100	Date (month, day, year) 9/28/98	Amount of Each Receipt this Period 100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-to-Date > \$ 5000	Date (month, day, year) 9/28/98	Amount of Each Receipt this Period 5,000.00
B. Full Name, Mailing Address and ZIP Code Service Emp Intl Un. 1313 L St., NW Washington DC 20005	Name of Employer  Occupation Aggregate Year-to-Date > \$ 2000	Date (month, day, year) 9/12/98	Amount of Each Receipt this Period 2,000.00
C. Full Name, Mailing Address and ZIP Code Unite Campaign Comm 1710 Broadway New York NY 10019	Name of Employer  Occupation Aggregate Year-to-Date > \$ 1000	Date (month, day, year) 9/30/98	Amount of Each Receipt this Period 1,000.00
D. Full Name, Mailing Address and ZIP Code United Food & Commercial Wkrcs Intl Un 1775 K St., NW Washington, DC 20006-1598	Name of Employer  Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ..... 8,100.00

TOTAL This Period (last page this line number only) ..... 17,400.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1

FOR LINE NUMBER 13A

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

Mike Taylor for Congress

A. Full Name, Mailing Address and ZIP Code Mike Taylor P.O. Box 65 Albemarle, NC 28001	Name of Employer <b>Loan</b> Occupation Aggregate Year-to-Date > \$21750	Date (month, day, year) 9/15/98	Amount of Each Receipt This Period 20,000.00
B. Full Name, Mailing Address and ZIP Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
C. Full Name, Mailing Address and ZIP Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
D. Full Name, Mailing Address and ZIP Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
E. Full Name, Mailing Address and ZIP Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
F. Full Name, Mailing Address and ZIP Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
G. Full Name, Mailing Address and ZIP Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

20,000.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 3  
FOR LINE NUMBER 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (In Full)**

Mike Taylor for Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Albemarle Printers P.O. Box 1191 Albemarle, NC 28002	Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/3/98	164.60
B. Full Name, Mailing Address and ZIP Code Jim Brewer 325 Yadkin St. Albemarle NC 28001	Purpose of Disbursement Inkind Computer Eqpmnt Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/1/98 9/30/98	Amount of Each Disbursement This Period p 1,000.00 g 500.00
C. Full Name, Mailing Address and ZIP Code Jean Carroll 1507 Hyman Dr. Albemarle, NC 28001	Purpose of Disbursement Rent Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/10/98 10/1/98	Amount of Each Disbursement This Period p 300.00 g 325.00
D. Full Name, Mailing Address and ZIP Code City of Albemarle P.O. Box 160 Albemarle, NC 28002-0160	Purpose of Disbursement Power Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/27/98	Amount of Each Disbursement This Period 212.79
E. Full Name, Mailing Address and ZIP Code Frederick Corriher 104 N. Park Dr. Salisbury, NC 28144	Purpose of Disbursement Exp Rpt / mileage Camp H/Q Food Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/28/98	Amount of Each Disbursement This Period 284.07
F. Full Name, Mailing Address and ZIP Code Frederick Corriher Same as above	Purpose of Disbursement Salary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/28/98	Amount of Each Disbursement This Period 105.84
G. Full Name, Mailing Address and ZIP Code Cumberland Cty Demo Party Fayetteville NC	Purpose of Disbursement Space in Office Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/28/98	Amount of Each Disbursement This Period 275.00
H. Full Name, Mailing Address and ZIP Code Erickson & Co Inc. 38 Ivy St., SE Washington, DC 20003	Purpose of Disbursement consultant fee Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/27/98	Amount of Each Disbursement This Period 3,110.87
I. Full Name, Mailing Address and ZIP Code Jeff Garcia 401 SW 125 Ave Miami FL 33184	Purpose of Disbursement Ptg & Mileage Exp Rpt Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/1/98	Amount of Each Disbursement This Period 190.00

SUBTOTAL of Disbursements This Page (optional) .....

6,468.17

TOTAL This Period (last page this line number only) .....

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 2 OF 3  
FOR LINE NUMBER 17

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**NAME OF COMMITTEE (In Full)**

Mike Taylor for Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Laura Hatley 20146-A NC 73 Hwy Albemarle, NC 28001	Salary	9/3/98	362.41
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/15/98	230.42
B. Full Name, Mailing Address and ZIP Code Hilltop Fishfare 1602 Roosevelt Blvd. Monroe, NC 28112	Purpose of Disbursement P.R.	Date (month, day, year) 9/11/98	Amount of Each Disbursement This Period 339.20
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code IRS Memphis TN	Purpose of Disbursement Taxes	Date (month, day, year) 9/1/98	Amount of Each Disbursement This Period 640.79
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code Natl Democratic Club 30 Ivy St SE Washington, DC 20003-4071	Purpose of Disbursement Luncheon 6/2/98	Date (month, day, year) 9/11/98	Amount of Each Disbursement This Period 340.84
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code Office Land P.O. Box 36824 Charlotte, NC 28236	Purpose of Disbursement Supplies	Date (month, day, year) 9/3/98	Amount of Each Disbursement This Period 80.64
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/11/98	70.31
F. Full Name, Mailing Address and ZIP Code Brill O'Brian 7218 Zephr Pl. #207 St. Louis MO 63143	Purpose of Disbursement Consultant Fee	Date (month, day, year) 8/28/98	Amount of Each Disbursement This Period 1,500.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		3,000.00
G. Full Name, Mailing Address and ZIP Code Penn, Schoen & Berland Assoc 245 East 92nd St. New York NY 10128	Purpose of Disbursement Survey	Date (month, day, year) 9/11/98	Amount of Each Disbursement This Period 6,650.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code Jim Ross 2419 Bolten Ln Crofton MD 21114	Purpose of Disbursement Consultant fee	Date (month, day, year) 9/30/98	Amount of Each Disbursement This Period 2,000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/3/98 9/15/98	2,400.00 2,400.00
I. Full Name, Mailing Address and ZIP Code Sprint P.O. Box 740504 Atlanta GA 30374-0504	Purpose of Disbursement Service	Date (month, day, year) 9/12/98	Amount of Each Disbursement This Period 528.99
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional) .....

20,543.60

TOTAL This Period (last page this line number only) .....

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 3 OF 3  
FOR LINE NUMBER 17

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**NAME OF COMMITTEE (in Full)**

Mike Taylor for Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Gail Stahr 763 Gladden Pl NW Concord, NC 28027	Salary Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/28/98	P 464.42
		9/11/98	P 464.42
		9/24/98	G 312.46
B. Full Name, Mailing Address and ZIP Code Sunbelt Graphics 12991 E. Independence Blvd Matthews, NC 28105-4966	Salary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/3/98	148.40
		9/11/98	355.90
C. Full Name, Mailing Address and ZIP Code Mike Taylor P.O. Box 65 Albemarle, NC 28002	Mileage & Security Work for Camp Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/1/98	1,218.68
		9/15/98	1,030.32
D. Full Name, Mailing Address and ZIP Code US Postmaster	Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/98	Pr 1,120.00
		9/98	Gen 640.00
E. Full Name, Mailing Address and ZIP Code Ralph Whitley 500 Longdale Crescent Chesapeake VA 23325	Consultant Fee Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/3/98	F 500.00
		9/11/98	P 500.00
		9/18/98	G 500.00
		9/25/98	G 500.00
F. Full Name, Mailing Address and ZIP Code Xpedite Systems P.O. Box 14024 Newark NJ 0719800024	Pckg Dlvry Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/27/98	131.64
G. Full Name, Mailing Address and ZIP Code Campaign Performance Group 2600 Va Ave NW, Ste 303 Washington, DC 20037-1905	Direct Mail Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/23/98	3,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

**SUBTOTAL** of Disbursements This Page (optional) .....

10,886.24

**TOTAL** This Period (last page this line number only) .....

37,898.01





# MIKE TAYLOR FOR CONGRESS

170 Box 3383  
Concord, North Carolina 28025

Len Bradford, Campaign Treasurer  
Tel: (704) 986-0723 Fax: 863-4684  
email: TaylorNCS@aol.com

Mike Taylor for Congress

10/15/98 Quarterly rpt

## Supplemental Schedule

### Line 17

page 1 of 3

Frederick Conther Exp. Rpt. entry includes \$ 5.16 to Concord Telephone Co.

page 1 of 3

Jeff Garcia Exp. Rpt. Entry includes \$ 160.00 to US Postmaster

page 3 of 3

Mike Taylor Exp. Rpt. Includes 816.31 to Legal Secretary for portion of Campaign related work.

**LOANS**

Name of Committee (in Full) <b>Mike Taylor for Congress</b>			
A. Full Name, Mailing Address and ZIP Code of Loan Source <b>Mike Taylor P.O. Box 65 Albemarle, NC 28001</b>	Original Amount of Loan <b>\$ 20,000.00</b>	Cumulative Payment To Date <b>-0-</b>	Balance Outstanding at Close of This Period <b>20,000.00</b>
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ %(apr) <span style="float:right;"><input type="checkbox"/> Secured</span>			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source			
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ %(apr) <span style="float:right;"><input type="checkbox"/> Secured</span>			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional) .....			
TOTALS This Period (last page in this line only) .....			<b>20,000.00</b>
Carry outstanding balance only to LINE 2, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 10/15/98
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>RJS</i> PREPARER	10/19/98 DATE PREPARED