

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED
FEC MAIL ROOM

2000 DEC -9 A 10:32

1. (a) NAME OF COMMITTEE IN FULL: <input type="checkbox"/> (Check if name is changed) MIKE TAYLOR FOR CONGRESS	2. DATE 12/05/2000
(b) Number and Street Address: <input type="checkbox"/> (Check if address is changed) PO BOX 2389	3. FEC Identification Number C00334276
(c) City, State and ZIP Code ALBEMARLE, NC 28002-2389	4. Is This Report An Amendment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

5. TYPE OF COMMITTEE (Check one)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
- | | | | |
|---|--|----------------------------------|---------------------------------|
| Name of Candidate
MIKE TAYLOR | Candidate Party Affiliation
DEMOCRAT | Office Sought
US HOUSE | State/District
NC-8TH |
|---|--|----------------------------------|---------------------------------|
- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)
- (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)
- (e) This committee is a separate segregated fund.
- (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization
 Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name	Mailing Address	Title or Position
MIKE TAYLOR, PO BOX 2389, ALBEMARLE, NC 28002-2389,	704-983-4209,	CANDIDATE

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Mailing Address	Title or Position
LEN R. BRAFFORD	PO BOX 2389 ALBEMARLE, NC 28002-2389	TREASURER

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
BANK OF STANLY	167 N. SECOND ST. PO BOX 338 ALBEMARLE, NC 28002-2389

I certify that I have examined this Statement 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 	DATE 12/05/2000
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:
 Federal Election Commission
 Toll-free 800-424-9530
 Local 202-219-3420

FEBAN121

FEC FORM 1
(revised 4/87)

7000 DEC 9 A 10 23
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

NAME OF COMMITTEE (IN FULL) MIKE TAYLOR FOR CONGRESS		FEC IDENTIFICATION NUMBER C00334276	
FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDING INSTITUTION (LENDER) BANK OF STANLY 167 N. SECOND STREET PO BOX 338 ALBEMARLE, NC 28002-2389		AMOUNT OF LOAN \$10,000.00	INTEREST RATE (APR) VARIABLE
		DATE INCURRED OR ESTABLISHED JUNE 30, 2000	DATE DUE JUL. 30, 2000
A. Has loan been restructured? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred: _____			
B. If line of credit, amount of this draw: _____ ; total outstanding balance: _____			
C. Are other parties secondarily liable for the debt incurred? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____			
What is the value of this collateral? _____			
Does the lender have a perfected security interest in it? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____ What is the estimated value? _____			
A depository account must be established pursuant to 11 CFR 100.7(b)(11)(i)(B) and 100.8(b)(12)(i)(B). Date account established: _____ Location of account: _____			
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment. GUARANTEED BY CANDIDATE PERSONALLY			
G. COMMITTEE TREASURER TYPED NAME LEN R. BRAFFORD SIGNATURE <i>Len R. Brafford</i>			DATE 12/05/2000
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.			
AUTHORIZED REPRESENTATIVE David M. Rudisill		TITLE Asst. Vice-President	DATE 12/5/00
TYPED NAME		SIGNATURE <i>David M. Rudisill</i>	

Bank of Stanly
 167 North Second Street
 Post Office Box 338
 Albemarle, North Carolina 28002-0338
 (704) 943-6181
 "LENDER"

BORROWER
MICHAEL W TAYLOR
PAID
JUL 30 2000
 ADDRESS
 POST OFFICE BOX 65
 ALBEMARLE, NC 28002
 TELEPHONE NO. 17962
 BANK OF STANLY
 ALBEMARLE, NC 28002
 17962

**COMMERCIAL
 VARIABLE RATE
 PROMISSORY
 NOTE**

OFFICE IDENTIFICATION	INTEREST RATE	PRINCIPAL AMOUNT	ISSUANCE DATE	MATURITY DATE	CUSTOMER NUMBER	LOAN NUMBER
DDN	VARIABLE	\$10,050.00	06/30/00	07/30/00	218382	17962

PROMISE TO PAY: For value received, Borrower promises to pay to the order of Lender the principal amount of Ten Thousand Fifty and 00/100 Dollars (\$ 10,050.00) plus interest on the unpaid principal balance at the rate and in the manner described below, until all amounts owing under this Note are paid in full. All amounts received by Lender shall be applied first to accrued, unpaid interest, then to unpaid principal, and then to any late charges or expenses, or in any other order as determined by Lender, in Lender's sole discretion, as permitted by law.

INTEREST RATE: This Note has a variable interest rate feature. The interest rate on this Note may change from time to time if the index rate identified below changes. Interest shall be computed on the basis of the actual number of days over 360 days per year. Interest on this Note shall be calculated and payable at a variable rate equal to 0.00 % per annum WADCF the Index Rate. The initial interest rate on this Note shall be 2.050 % per annum. Any change in the interest rate resulting from a change in the Index Rate will be effective on: **DAILY AS THE BANK OF STANLY BASE RATE CHANGES**

INDEX RATE: The Index Rate for this Note shall be:
BANK OF STANLY BASE RATE

If the Index Rate is redefined or becomes unavailable, then Lender may select another index which is substantively similar.

RATE LIMITATIONS: Subject to applicable law, the minimum interest rate on this Note shall be 0/8 % per annum. The maximum interest rate on this Note shall not exceed 11/8 % per annum, or if less, or if a maximum rate is not indicated, the maximum interest rate Lender is permitted to charge by law. The maximum rate increase at any one time will be 3/8 %. The maximum rate decrease at any one time will be 0/8 %.

DEFAULT RATE: If there is an Event of Default under this Note, the Lender may, in its discretion, increase the interest rate on this Note to CONTRACT RATE or the maximum interest rate Lender is permitted to charge by law, whichever is less. Such increased rate shall apply before and after any judgment pertaining to this Note.

PAYMENT SCHEDULE: Borrower shall pay the principal and interest according to the following schedule:

A single payment of the unpaid principal balance plus accrued interest is due and payable on **July 30, 2000.**

PREPAYMENT: This Note may be prepaid in part or in full at or before its maturity date. If this Note contains more than one installment, any partial prepayment will not affect the due date of the amount of any subsequent installment, unless agreed to, in writing, by Borrower and Lender. If this Note is prepaid in full, there will be: No minimum finance charge or prepayment premium. A minimum finance charge of \$ _____ A prepayment premium of: _____

LATE CHARGE: If a payment is received more than 10/30 days late, Borrower will be charged a late charge of _____ % of the unpaid payment; \$ _____ or _____ % of the unpaid payment, whichever is greater less.

SECURITY: To secure the payment and performance of obligations incurred under this Note, Borrower grants Lender a security interest in all of Borrower's right, title, and interest in all monies, instruments, savings, checking and other accounts of Borrower (excluding IRA, Keogh, trust accounts and other accounts subject to tax penalties if so assigned) that are now or in the future in Lender's custody or control. If checked, the obligations under this Note are also secured by the collateral described in any security instrument(s) submitted in connection with this Note, and any collateral described in any other security instrument(s) securing this Note or all of Borrower's obligations.

RENEWAL: If checked, this Note is a renewal, but not a satisfaction, of Loan Number _____
 THE PERSONS SIGNING BELOW ACKNOWLEDGE THAT THEY HAVE READ, UNDERSTAND, AND AGREE TO THE TERMS AND CONDITIONS OF THIS NOTE, INCLUDING THE PROVISIONS ON THE REVERSE SIDE, AND FURTHER ACKNOWLEDGE RECEIPT OF AN EXACT COPY OF THIS NOTE. IN WITNESS WHEREOF, THE UNDERSIGNED HAVE HEREUNTO SET THEIR HAND AND SEAL.

Dated: **June 30, 2000**

BORROWER MICHAEL W TAYLOR
Michael W. Taylor (SEAL) _____ (SEAL)
 MICHAEL W TAYLOR
 BORROWER _____ (SEAL)
 _____ (SEAL)
 _____ (SEAL)
 _____ (SEAL)
 _____ (SEAL)
 _____ (SEAL)

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 (R/C) <i>12-5-02</i>
<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>Jm W</i> PREPARER	<i>12-9-02</i> DATE PREPARED