

2011 ELECTION CYCLE

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2011 Elections



Name of Candidate Tommy TAYLOR
Address 513 Lee Road, Bay, Ms. County BOLIVAR
Telephone 662-843-8014 Fax _____
Office Sought Representative Dist 28 Political Party Republican
Email Address ttaylor83@hotmail.com

- Check here if above is different from previous report
- May 10, 2011 Periodic Report (January 1, 2011, through April 30, 2011) _____ Mandatory
 - June 10, 2011 Periodic Report (May 1, 2011, through May 31, 2011) _____ Mandatory
 - July 8, 2011 Periodic Report (June 1, 2011, through June 30, 2011) _____ Mandatory
 - July 26, 2011 Pre-Election Report (July 1, 2011, through July 23, 2011) _____ Primary Candidates
 - August 16, 2011 Pre-Election Report (July 24, 2011, through August 13, 2011) _____ Runoff Candidates Only
 - October 10, 2011 Periodic Report (July 24, 2011, through September 30, 2011) _____ Mandatory
 - November 1, 2011 Pre-Election Report (October 1, 2011, through October 29, 2011) _____ Mandatory
 - November 22, 2011 Pre-Election Report (October 30, 2011, through November 19, 2011) _____ Runoff Candidates Only
 - January 10, 2012 Periodic Report (October 30, 2011, through December 31, 2011) _____ Mandatory
- Termination Report (Candidate will no longer accept contributions or make Campaign expenditures and has no outstanding campaign debt obligation)

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		This Period	Calendar Year-To-Date
Itemized + Non-Itemized =			
Total amount of contributions	\$ 4500 +\$ 2800	\$ 7300	\$ 59,610
Total amount of disbursements	\$ 2788 +\$ 547.00	\$ 3335	\$ 57,198
Total amount of cash on hand		\$ 3,413.	

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

Thomas G. Taylor _____
Signature of Candidate Date 01-02-2012

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirement.
to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit v
in accordance with Miss. Code Ann. §§ 23-15-8-11 (1972).

Name of Candidate or Committee Tommy Takol
 Reporting period 10-30-11 through 12-31-2011

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name			
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)			
		Aggregate year-to-date	\$ _____
Full name		12/19/11	\$ 1,000
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)			
		Aggregate year-to-date	\$ _____
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name			
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)			
		Aggregate year-to-date	\$ _____
Full name		12/30/11	\$ 300.00
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)			
		Aggregate year-to-date	\$ _____
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name			
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)			
		Aggregate year-to-date	\$ _____
Full name		12/15/11	\$ 300.00
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)			
		Aggregate year-to-date	\$ _____
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name			
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)			
		Aggregate year-to-date	\$ _____
Full name		11/17/11	\$ 500.00
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)			
		Aggregate year-to-date	\$ _____

Name of Candidate or Committee Tommy TAYLOR
 Reporting period 10-30-11 through 12-31-2011

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name	<u>MISSISSIPPI MEDICAL PAC</u>	<u>12/18/11</u>	\$ <u>500.00</u>
Mailing Address	<u>Box 2548</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code	<u>BridgeLand, MS. 39158</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required)		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required)			
		Aggregate year-to-date	\$ _____
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name	<u>MISS POWLER CO. PAC</u>	<u>11/28/11</u>	\$ <u>300.00</u>
Mailing Address	<u>Box 4079</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code	<u>Gulfport, MS. 39502</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required)		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required)			
		Aggregate year-to-date	\$ _____
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name	<u>MHA PAC</u>	<u>12/18/11</u>	\$ <u>1,000.</u>
Mailing Address	<u>1521909</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code	<u>MADISON, MS.</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required)		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required)			
		Aggregate year-to-date	\$ _____
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name	<u>Electric Power Assc. of Miss.</u>	<u>12/17/11</u>	\$ <u>300.00</u>
Mailing Address		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required)		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required)			
		Aggregate year-to-date	\$ _____

Name of Candidate or Committee Tommy TAYLOR
Reporting period 10-30-11 through 12-31-2011

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>JAMES CLAYTON</u>	<u>11/16/11</u>	\$ <u>300.00</u>
Mailing Address <u>103 E. GRESHAM Street</u>	<u> </u>	\$ <u> </u>
City, State, Zip Code <u>INDIANOLA, MS. 38757</u>	<u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u>	\$ <u> </u>
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u> </u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name _____	<u> </u>	\$ <u> </u>
Mailing Address _____	<u> </u>	\$ <u> </u>
City, State, Zip Code _____	<u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u> </u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name _____	<u> </u>	\$ <u> </u>
Mailing Address _____	<u> </u>	\$ <u> </u>
City, State, Zip Code _____	<u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u> </u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name _____	<u> </u>	\$ <u> </u>
Mailing Address _____	<u> </u>	\$ <u> </u>
City, State, Zip Code _____	<u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u> </u>

Name of Candidate or Committee TOMMY TAYLOR
Reporting period 10-30-2011 through 12-31-2011

ITEMIZED DISBURSEMENTS

name <u>Discover Bank</u>	Date (Mo., Day, Year) <u>12/14/11</u>	Amount of each disbursement this period <u>\$ 2788.00</u>
Address <u>Box 30952</u>	<u>12/14/11</u>	\$
State, Zip Code <u>SALT LAKE City, UTAH 84132</u>	<u>1/1/11</u>	\$
Use of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>3488.00</u>
name	Date (Mo., Day, Year)	Amount of each disbursement this period
Address	<u>1/1/11</u>	\$
State, Zip Code	<u>1/1/11</u>	\$
Use of Disbursement (Optional)	Aggregate Year-to-date	\$
name	Date (Mo., Day, Year)	Amount of each disbursement this period
Address	<u>1/1/11</u>	\$
State, Zip Code	<u>1/1/11</u>	\$
Use of Disbursement (Optional)	Aggregate Year-to-date	\$
name	Date (Mo., Day, Year)	Amount of each disbursement this period
Address	<u>1/1/11</u>	\$
State, Zip Code	<u>1/1/11</u>	\$
Use of Disbursement (Optional)	Aggregate Year-to-date	\$
name	Date (Mo., Day, Year)	Amount of each disbursement this period
Address	<u>1/1/11</u>	\$
State, Zip Code	<u>1/1/11</u>	\$
Use of Disbursement (Optional)	Aggregate Year-to-date	\$