## 11020701156

FEC FORM 1

## STATEMENT OF ORGANIZATION

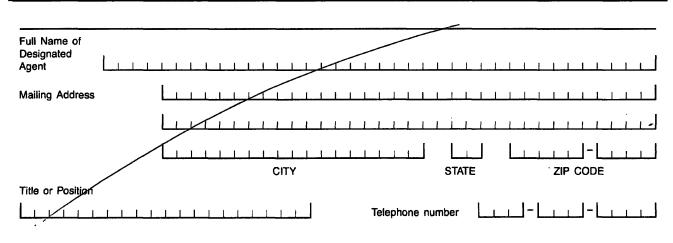
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Office USE ENC MAIL CENTER

| NAME OF     COMMITTEE (in full)   | (Check if name is changed) | Example:If typing, typover the lines.                               | e 12FE4M5                |                                 |  |
|---|----------------------------|---|--------------------------|---------------------------------|--|
| Taylor for (  | 20ngress                   | <u>                                      </u>                       | 11111                    |                                 |  |
|   |                            |   | 1 1 1 1 1                |                                 |  |
| ADDRESS (number and street)   | P. Q. Box                  | 23444   |                          |                                 |  |
| (Check if address   |                            |   | 1 1 1 1 1 1 1 1          |                                 |  |
| اتا is changed)   | Chatitano                  | 209a  |                          | 324221-                         |  |
|   |                            | CITY  | STATE                    | ZIP CODE                        |  |
| COMMITTEE'S E-MAIL ADDRES   | SS (Please provide only or | ne e-mail address)  |                          |                                 |  |
| _   |                            | rectaylors  | or conare                | 55,019                          |  |
| (Check if address is changed)   |                            |   |                          |                                 |  |
| • ,   |                            |   |                          |                                 |  |
| COMMITTEE'S WEB PAGE ADD  | DRESS (URL)                |   |                          |                                 |  |
|   | Intitia://w                | www.taylorifor  | Congress                 | 6,019                           |  |
| (Check if address is changed)   | 1                          |   | <del></del>              |                                 |  |
|   |                            |   |                          |                                 |  |
| 2. DATE [3 15 20]   |                            |   |                          |                                 |  |
| 3. FEC IDENTIFICATION NUMBER  |                            |   |                          |                                 |  |
| 4. IS THIS STATEMENT NEW (N) OR AMENDED (A)   |                            |   |                          |                                 |  |
| I certify that I have examined th   | nis Statement and to the   | best of my knowledge and be   | lief it is true, correct | and complete.                   |  |
|   |                            |   |                          |                                 |  |
| Type or Print Name of Treasurer William C. Matheney, CPA  |                            |   |                          |                                 |  |
| Signature of Treasurer  | Silliam C                  | Matheney  | Date 12                  |                                 |  |
| 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. |                            |   |                          |                                 |  |
| Office<br>Use<br>Only   |                            | For further informa<br>Federal Election Cor<br>Toll Free 800-424-95 | nmission                 | FEC FORM 1<br>(Revised 02/2009) |  |

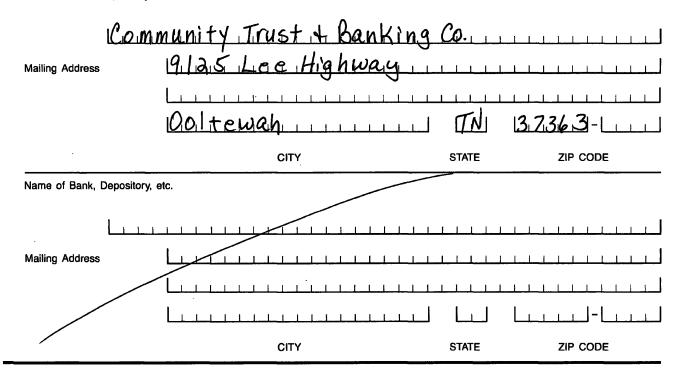
| FEC F                      | orm 1 (Revised 02/2009)  | Page 2                              |
|----------------------------|--|-------------------------------------|
| TYPE OF                    | COMMITTEE  |                                     |
|                            | te Committee:  |                                     |
| (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. (Complinformation below.)  | ete the candidate                   |
| Name of<br>Candidate       | William H. Taylor, II  |                                     |
| Candidale<br>Party Affilia | Office Sought: N House Senate President  | State TN  District 0.3              |
| (c)                        | This committee supports/opposes only one candidate, and is NOT an authorized committee.  |                                     |
| Name of<br>Candidate       |  |                                     |
| Party Co                   | mmittee:   |                                     |
| (d)                        |  | Democratic, epublican, etc.) Party. |
| Political A                | Action Committee (PAC):  |                                     |
| (e)                        | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn  | ected organization is a:            |
|                            | Corporation Corporation w/o Capital Stock  | Labor Organization                  |
|                            | Membership Organization Trade Association  | Cooperative                         |
|                            | In addition, this committee is a Lobbyist/Registrant PAC.  |                                     |
| (1)                        | This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee)   | regated fund or party               |
|                            | In addition, this committee is a Lobbyist/Registrant PAC.  |                                     |
|                            | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)   |                                     |
| Joint Fun                  | ndraising Representative:  |                                     |
| (g)                        | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate. | or more political                   |
| (h)                        | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.         | or more political                   |
| Cor                        | mmittees Participating in Joint Fundraiser   |                                     |
| 1.                         | FEC ID number  |                                     |
| 2.                         | FEC ID number  |                                     |
| 3.                         | FEC ID number  | _,_,,_,                             |
| 4.                         |  | <del></del>                         |

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|--|---------------|-----------------------------------|
| Write or Type Committee Name   |               |                                   |
| 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Re  | presentativ   | re, or Leadership PAC Sponsor     |
|  | 111           |                                   |
|  |               |                                   |
| Mailing Address  |               |                                   |
|  |               |                                   |
| CITY   | STATE         | ZIP CODE                          |
| Relationship: Connected Organization Affiliated Committee Joint Fundraisin   | ng Represer   | ntative Leadership PAC Sponsor    |
| <ol> <li>Custodian of Records: Identify by name, address (phone number optional) and pos<br/>books and records.</li> </ol>                       | sition of the | person in possession of committee |
| Full Name William C. Matheney, C   | PAL           |                                   |
| Mailing Address P. O. Box 3,444  |               |                                   |
|  |               |                                   |
| Chatitanooga   | IN            | 13174aa-LIII                      |
| Title or Position CITY   | STATE         | ZIP CODE                          |
| TITIERISIUNEN Telephone nu   | umber [       | Hazi-18941-174001                 |
| 8. <b>Treasurer:</b> List the name and address (phone number optional) of the treasurer of the any designated agent (e.g., assistant treasurer). | ne committe   | e; and the name and address of    |
| Full Name of Treasurer William G. Matheney, C.PA   | <u>}</u>      |                                   |
| Mailing Address  P. D. Box 23444   |               |                                   |
|  | <del></del>   |                                   |
| Chattanoga   | STATE         | 3.7422 - L                        |
| Title or Position  Telephone nu  | ımber [²      | 1231-18941-174001                 |



 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.



## **Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt **Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** 12/2011 Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): 12/30/11