

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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FEC MAIL CENTER
2007 SEP -4 AM 10:05

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

JEFF TAYLOR FOR CONGRESS

ADDRESS (number and street)

P.O. BOX 7711

(Check if address is changed)

SPRECKELS

CA

93962

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

info@taylor4congress.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.taylor4congress.com

COMMITTEE'S FAX NUMBER

2. DATE 08 27 2007

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

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 GREG THELEN

Signature of Treasurer

Date 08 28 2007

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 Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

27039520027

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 JEFF TAYLOR

Candidate Party Affiliation: REP. Office Sought: House Senate President State: CA District: 17

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

- (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 party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship _____

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

27039520028

Write or Type Committee Name

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 | T R E A S U R E R |

Mailing Address | |
| |
| | | | - | |

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

| | | | | Telephone number | | - | | - | |

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 of Treasurer | G R E G T H E L E N |

Mailing Address | 1 8 9 2 1 P O R T O L A D R S T E E |
| |
| S A L I N A S | | C A | 9 3 9 0 8 - |

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

| T R E A S U R E R | Telephone number | 8 3 1 - 4 5 5 - 8 9 0 0 |

Full Name of Designated Agent | |

Mailing Address | |
| |
| | | | - | |

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

| | | | | Telephone number | | - | | - | |

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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.

1ST CAPITAL BANK

Mailing Address

1097 B SOUTH MAIN ST

SALINAS CA 93901-

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

27039520030

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked
8/29/07

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
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USPS Express Mail Postmarked

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No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

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

Other (Specify): Date of Receipt or Postmarked

 9/4/07
PREPARER **DATE PREPARED**

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