Only

STATEMENT OF

PAGE 1 / 4 •

FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. JMT4MS 4105 Brickyard Bayou Rd. ADDRESS (number and street) (Check if address is changed) Moss Point 39563 MS CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address jonmt@rockingts.com is changed) Optional Second E-Mail Address 1cowboy@rockingts.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00880278 FEC IDENTIFICATION NUMBER > 3. X 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 Taggart, Jon, M, Mr, Taggart, Jon, M, Mr, Date 06 04 2024 Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (Revised 03/2022)	Page 2				
TYPE OF COMMITTEE:					
Candidate Committee:					
(a) X 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 Taggart, Jon, M, Mr.,					
Candidate Party Affiliation GOP Office Sought: House X Senate President	State MS District 00				
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District				
Name of Candidate					
Party Committee:					
(d) This committee is a (National, State or subordinate) committee of the Republication	atic, an, etc.) Party				
Political Action Committee (PAC):					
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	cted organization is a:				
Corporation Corporation w/o Capital Stock Labor	Organization				
Membership Organization Trade Association Coope	erative				
In addition, this committee is a Lobbyist/Registrant PAC.					
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)					
In addition, this committee is a Lobbyist/Registrant PAC.					
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
(g) This committee is an independent expenditure-only political committee (Super PAC).					
In addition, this committee is a Lobbyist/Registrant PAC.					
(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid	PAC).				
In addition, this committee is a Lobbyist/Registrant PAC.					
Joint Fundraising Representative:					
(i) 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.	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.				
This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.					
Committees Participating in Joint Fundraiser					
1. C					

	FEC Form 1 (Revised 0	2/2009)	Page 3	
V	/rite or Type Committee Name		- ugo o	
	JMT4MS			
6.				
	NONE			
	Mailing Address			
		CITY ▲ STATE ▲	ZIP CODE ▲	
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Representative	Leadership PAC Sponsor	
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and position of the person in possess	sion of committee	
	Taggart, Jo	n. M. Mr.		
	Full Name			
	Mailing Address	4105 Brickyard Bayou Rd.		
		Moss Point MS 39563		
		CITY ▲ STATE ▲	ZIP CODE ▲	
	Title or Position ▼			
	Senator		217	
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the naissistant treasurer).	ame and address of	
	Full Name Taggart, Jo	n, M, Mr,		
	of Treasurer			
	Mailing Address	4105 Brickyard Bayou Rd.		
		Moss Point MS 39563		
		CITY ▲ STATE ▲	ZIP CODE ▲	
	Title or Position ▼			
			217 - 2321	

FEC	Form 1 (Revised 02/2009)	Page 4
Full Nam Designate Agent		
Mailing A	ddress	
	CITY ▲ STATE ▲	ZIP CODE ▲
Title or P	osition ▼	
	Telephone number	
safety de	Other Depositories: List all banks or other depositories in which the committee deposits fooit boxes or maintains funds. Bank, Depository, etc.	unds, holds accounts, rents
Mailing A	dress 7616 Highway 613	
	Moss Point MS	39563
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of	Bank, Depository, etc.	
Mailing A	dress	
	CITY ▲ STATE ▲	ZIP CODE ▲