Federal Elections Commission 999 E Street, NW Washington, DC 20463

Re:

Gene Taylor for Congress, Mississippi District 4

FEC Form 2 - Statement of Candidacy (Amended)

FEC Form 1 – Statement of Organization (Amended)

Dear Sirs:

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In accordance with FEC guidelines for candidate and committee registration, we respectfully submit each of the following forms with required original signatures:

- FEC Form 2 Statement of Candidacy (Amended)
- FEC Form 1 Statement of Organization (Amended)

If any additional information is required, please contact Matthew D. Roger CPA, Campaign Treasurer, by telephone at (504) 486-5917 or by email at mroger@rogercpas.com.

Sincerely,

 $\label{eq:matthew D. Roger, CPA, CFF, MS-Tx} \end{subseteq} \begin{subsetem} \begin{subse$

Campaign Treasurer, Gene Taylor for Congress

Enclosures

O M 4031202

FEC FORM 1

STATEMENT OF **ORGANIZATION**

RECEIVED
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NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	C MAIL CENTER		
Gene Taylor for	Congress					
	<u> </u>	<u> </u>				
ADDRESS (number and street)	P.O.Box 3870			لتبيييا		
X (Check if address is changed)		. 1 1 1 1 1 1 1 1 1 1	<u> </u>			
is changed)	Bay St. Louis	3	MS	39521 2639		
	CITY ▲		STATE A	ZIP CODE ▲		
COMMITTEE'S E-MAIL ADDRES	SS					
X (Check if address is changed)	mroger@rogero	pas.com	<u> </u>			
	Optional Second E-Mail Add	ress				
COMMITTEE'S WEB PAGE ADD (Check if address is changed) 2. DATE O O O O O O O O O O O O	GeneTaylorfo	rCongress.com				
3. FEC IDENTIFICATION NU	MBER ► C 0	0558957				
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)				
I certify that I have examined the	s Statement and to the best of	of my knowledge and belief it	is true, correct a	and complete.		
Type or Print Name of Treasurer	Matthew D.Ro	ger, CPA, CFF,	MS-Tx			
Signature of Treasurer	thu D. Roger, co	<u>*,CFF,NS-7*</u>	Date ^M 03 ^M	′ 27 ′ 2014 °		
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 ed Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)		

5.

I EO FO	Tage 2
TYPE OF C	
	e 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	Gene Taylor
Candidale	on REP Solution X House Senate President
Party Affiliati	on $ extbf{REP}$ Sought: $ extbf{X}$ House Senate President 04
(c) ·	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Con	we will be a second of the sec
(d)	(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party
Political A	ction Committee (PAC):
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is
	Corporation Corporation w/o Capital Stock Labor Organization
	Membership Organization Trade Association Cooperative
	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.)
Joint Fund	Iraising Representative:
(g)	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.
(h) ·	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.
Com	mittees Participating in Joint Fundraiser
1.	
2.	
3.	FEC ID number C
4.	

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FEC Form 1 (Revised Write or Type Committee Nam		Page 3
Gene Taylor fo		
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	ship PAC Sponsor
None		11111
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connect	ed Organization Affiliated Committee Joint Fundraising Representative Le	eadership PAC Sponsor
books and records.	entify by name, address (phone number optional) and position of the person in position of the person of the per	essession of committee
Full Name		
Mailing Address	P.O.Box 19440	
	New Orleans LA 701	79 - 0440
Title or Position	CITY STATE	ZIP CODE
CPA, Campaig	gn Treasurer Telephone number 504 -	5917
. Treasurer: List the name a any designated agent (e.g.,	and address (phone number optional) of the treasurer of the committee; and the national assistant treasurer).	ame and address of
Full Name Matt	hew D. Roger	
Mailing Address	P.O.Box 19440	
-		
	New Orleans	79 0440
	New Orleans LA 701	.79 0440 ZIP CODE

FEC Form 1 (Revis	sed 02/2009)		Page 4
Full Name of Designated Agent None	e 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Mailing Address		1 1 1 1 1 1 1 1 1	
	1	1 1 1 1 1 1 1 1 1 1	
	CITY	STATE	ZIP CODE
Title or Position			
	<u> </u>	ephone number	J-L
			
Banks or Other Deposito safety deposit boxes or ma	orles: List all banks or other depositories in which aintains funds.	the committee deposits fund	ds, holds accounts, rents
Name of Bank, Depository	, etc.		
The	Peoples Bank		
Mailing Address	[408]Highway 90 East		
	Bay St. Louis	MS_ [39520
	CITY	STATE	ZIP CODE
Name of Bank, Depository	, etc.		
•			
	 		
Mailing Address			
		ا ليا ليب	
	CITY	STATE	ZIP CODE

ROGER & ASSOCIATES LLC 14031202354

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3637 CANAL ST

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999 E ST NW

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