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FEC
FORM 1

STATEMENT OF
ORGANIZATION

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

TAYLOR GRIFFIN FOR CONGRESS

ADDRESS (number and street) P.O. BOX 3451

(Check if address is changed)

NEW BERN NC 28564
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) HENRY@TAYLORGRIFFIN.ORG

Optional Second E-Mail Address
PAUL@PDSCOMPLIANCE.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) WWW.TAYLORGRIFFIN.ORG

2. DATE 10/28/2013

3. FEC IDENTIFICATION NUMBER C00550053

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 Henry C. Ward

Signature of Treasurer [Handwritten Signature] Date 10/28/2013

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.

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5. TYPE OF COMMITTEE

Candidate 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. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation _____ Office Sought: House Senate President State District _____

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

Name of Candidate _____

Party Committee:

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

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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.

- (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 Fundraising 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.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	<input type="checkbox"/>
2.	_____	FEC ID number	<input type="checkbox"/>
3.	_____	FEC ID number	<input type="checkbox"/>
4.	_____	FEC ID number	<input type="checkbox"/>

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Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Two rows of empty grid boxes for entering the name of the organization.

Mailing Address

Three rows of empty grid boxes for entering the mailing address.

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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

One row of empty grid boxes for entering the full name.

Mailing Address

Three rows of empty grid boxes for entering the mailing address.

Title or Position

CITY

STATE

ZIP CODE

One row of empty grid boxes for entering the title or position.

Telephone number

One row of empty grid boxes for entering the 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

One row of empty grid boxes for entering the full name of the treasurer.

Mailing Address

Three rows of empty grid boxes for entering the mailing address.

CITY

STATE

ZIP CODE

Title or Position

One row of empty grid boxes for entering the title or position.

Telephone number

One row of empty grid boxes for entering the telephone number.

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Full Name of Designated Agent

Mailing Address

[Address line]

[Address line]

CITY

STATE

ZIP CODE

Title or Position Telephone number

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.

[Name of Bank, Depository, etc.]

Mailing Address

[Address line]

[Address line]

[Address line]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Name of Bank, Depository, etc.]

Mailing Address

[Address line]

[Address line]

[Address line]

CITY

STATE

ZIP CODE

130213451

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.

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USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked

USPS Priority Mail Express Postmarked

Postmark Illegible

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

JmN 11/4/13
 PREPARER DATE PREPARED

(8/2013)

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