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FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FB4M5

D E N B U R Y , R E S O U R C E S , I N C , P O L I T I C A L C O M M I T E E

ADDRESS (number and street) 5100 Tennyson Parkway

(Check if address is changed)

Suite 1200

Plano TX 75024

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

D E N B U R Y , P A C @ D E N B U R Y . C O M

COMMITTEE'S WEB PAGE ADDRESS (URL)

N/A

COMMITTEE'S FAX NUMBER

972-673-2299

2. DATE 10 22 2007

3. FEC IDENTIFICATION NUMBER ► C00440651

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 EDWIN RICCI

Signature of Treasurer



Date 10 30 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)
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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 _____

Candidate Party Affiliation	Office Sought:	House	Senate	President	State District
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- (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.

- X (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

D E N B U R Y , R E S O U R C E S , I N C . _____

Mailing Address | 5 1 0 0 T e n n y s o n P a r k w a y _____
 | S u i t e 1 2 0 0 _____
 | P l a n o _____ | T X | 7 5 0 2 4 | _____
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship | C o n n e c t e d _____

Type of Connected Organization:

- | | | |
|-------------------------|-------------------------------|--------------------|
| X Corporation | Corporation w/o Capital Stock | Labor Organization |
| Membership Organization | Trade Association | Cooperative |

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Write or Type Committee Name

DENBURY RESOURCES INC POLITICAL COMMITTEE

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 R O N A L D M E V I A N S

Mailing Address 5 1 0 0 T E N N Y S O N P A R K W A Y

S U I T E 1 2 0 0

P L A N O T X 7 5 0 2 4

Title or Position CITY STATE ZIP CODE

S r . V i c e P r e s i d e n t 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 E D W I N R I C C I

Mailing Address 5 1 0 0 T E N N Y S O N P A R K W A Y

S U I T E 1 2 0 0

P L A N O T X 7 5 0 2 4

Title or Position CITY STATE ZIP CODE

A c c o u n t a n t Telephone number

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.

J.P. MORGAN CHASE

Mailing Address

2200 Ross Avenue

Sixth Floor

Dallas TX 75201

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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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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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

Jm A
PREPARER

12/5/07
DATE PREPARED

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