

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

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2007 DEC 14 AM 10:02

Office Use Only

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

LEACH FOR CONGRESS

ADDRESS (number and street) P. O. BOX 264

(Check if address is changed) GAINESVILLE TX 76241-0264

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS KEN22640@SuddenLink.net

COMMITTEE'S WEB PAGE ADDRESS (URL) WWW.LEACHFORCONGRESS.COM

COMMITTEE'S FAX NUMBER

2. DATE 12 06 2007

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT NEW (N) OR X 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 KEN Leach

Signature of Treasurer Ken Leach Date 12 06 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.

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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 KEN LEACH

Candidate Party Affiliation DEM Office Sought:  House  Senate  President State TX District 26

- (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

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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 FRANCIS KENNETH LEACH JR

Mailing Address P.O. BOX 264

GAINESVILLE TX 76241-0264

Title or Position CITY STATE ZIP CODE

CANDIDATE

Telephone number 940-665-4907

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 KEN LEACH

Mailing Address P.O. BOX 264

GAINESVILLE TX 76241-0264

Title or Position CITY STATE ZIP CODE

TREASURER

Telephone number 940-665-4907

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.

FIRST STATE BANK

Mailing Address

P.O. Box 10

GAINESVILLE TX 76241-10

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission  
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The FEC added this page to the end of this filing to indicate how it was received.

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Received from Electronic Filing Office

Date of Receipt

Other (Specify):

Date of Receipt or Postmarked

*JMG*

PREPARER

(3/2005)

12/14/07

DATE PREPARED

27039573078