

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) MAC WARREN FOR CONGRESS	2. DATE 1-20-08
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) 1115 COVENTRY LANE	3. FEC Identification Number C00350801
(c) City, State and ZIP Code DUNCANVILLE, TEXAS 75137	4. Is This Report An Amendment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

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 COMMISSION MAIL ROOM
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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
DORMAN M. WARREN | Candidate Party Affiliation
REPUBLICAN | Office Sought
U.S. HOUSE | State/District
TEXAS/24 |
|--|--|------------------------------------|-----------------------------------|
- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee. (name of candidate)
- (d) This committee is a _____ committee of the _____ Party. (National, State or subordinate) (Democratic, Republican, etc.)
- (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 a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization
 Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

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 DUANE B. STARKEY	Mailing Address 1115 COVENTRY LANE DUNCANVILLE, TX 75137	Title or Position TREASURER
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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 SAME AS 7	Mailing Address	Title or Position
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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. THE CNA'S BANK & TRUST Co.	Mailing Address and ZIP Code 4849 GREENVILLE AVE. DALLAS, TEXAS 75206
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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 DUANE B. STARKEY	SIGNATURE OF TREASURER 	DATE 1-20-08
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:
 Federal Election Commission
 Toll-free 800-424-9530
 Local 202-694-1100

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FEC FORM 1
(revised 4/87)

