

HARKINS FOR CONGRESS

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December 20, 2007

VIA FACSIMILE AND U.S. EXPRESS MAIL

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

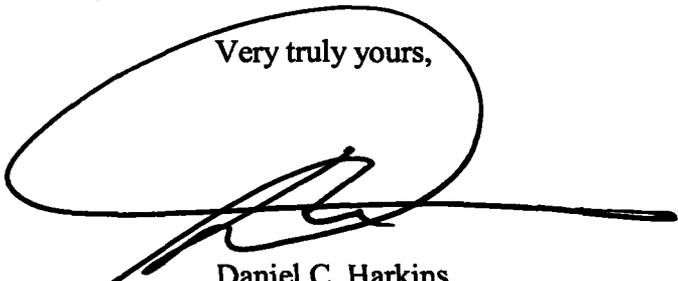
Re: Daniel C. Harkins

To Whom It May Concern:

Enclosed are the original and two copies of a Statement of Candidacy (FEC Form 2) which is being submitted on behalf of Daniel C. Harkins. Please accept the original document for filing and return the enclosed copies after they have been date-stamped. For your convenience, a self-addressed, stamped envelope is enclosed.

Should you have any comments or questions, or if we may be of further assistance, please advise. Thank you

Very truly yours,



Daniel C. Harkins

DCH:blw

Enclosures

cc: Hon. Steve Austria (w/enclosure)

Ron Hood (w/enclosure)

John Mitchell (w/enclosure)

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FEC FORM 2 STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)
Daniel C. Harkins

(b) Address (number and street) Check if address changed
1525 N. Plum Street, Unit B

(c) City, State, and ZIP Code
Springfield, OH 45504

2. Identification Number

3. Is This Statement New (N) OR Amended (A)

4. Party Affiliation **Republican**

5. Office Sought **House of Representatives**

6. State & District of Candidate **Ohio - 7th**

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the **2008** election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full)
Harkins for Congress Committee

(b) Address (number and street)
333 N. Limestone Street, Suite 203

(c) City, State, and ZIP Code
Springfield, Ohio 45501-0027

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)

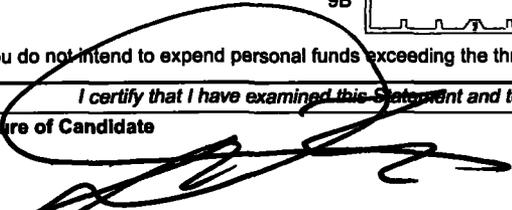
9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 400.9) by

9A for the primary election, and

9B for the general election.

If you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0.00" for each.

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate 

Date **12/20/07**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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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 Daniel C. Harkins

Candidate Party Affiliation REP House Senate President State OH District 07

- (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

Name of 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 Brenda L. Weaver

Mailing Address 333 N. Limestone Street, Suite 203

Springfield OH 45503-0027

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 937-325-1777

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 Brenda L. Weaver

Mailing Address 333 N. Limestone Street, Suite 203

Springfield OH 45503-0027

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 937-325-1777

Full Name of Designated Agent Mark D. DeCastro

Mailing Address 333 N. Limestone Street, Suite 203

Springfield OH 45503

Title or Position CITY STATE ZIP CODE

Assistant Treasurer Telephone number 937-325-1777

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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.

Security National Bank

Mailing Address

40 S. Limestone Street

Springfield OH 45502

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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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 W
 PREPARER
 (3/2005)

12/21/07
 DATE PREPARED

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