

07 AUG -7 PM 2:22

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.

12FE4M5

Dale Cardwell for Senate Inc.

ADDRESS (number and street)

1007 Virginia Avenue Suite 220

(Check if address is changed)

Atlanta

GA

30354

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

Contact@dale08.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.dale08.com

COMMITTEE'S FAX NUMBER

2. DATE

07 / 31 / 2007

3. FEC IDENTIFICATION NUMBER

C00435917

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

Raybuen J Fisher, Jr

Signature of Treasurer

Ray J Fisher, Jr

Date

08 / 02 / 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)

27020200387

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 William Dale Cardwell

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

- (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

27020290338

Write or Type Committee Name

Dale Cardwell for Senate, Inc.

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 Rayburn J. Fisher, Jr.

Mailing Address 1007 Virginia Avenue

Suite 220.

Atlanta GA 30354

Title or Position CITY STATE ZIP CODE

Treasurer

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 Rayburn J. Fisher, Jr.

Mailing Address 1007 Virginia Avenue

Suite 220

Atlanta GA 30354

Title or Position CITY STATE ZIP CODE

Treasurer

Telephone number 404-767-3307

Full Name of Designated Agent Caroline McNulty

Mailing Address 1007 Virginia Avenue

Suite 220

Atlanta GA 30354

Title or Position CITY STATE ZIP CODE

Assistant Treasurer

Telephone number 404-767-3307

27020290389

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.

Citizens Trust Bank

Mailing Address

75 Piedmont Avenue

Atlanta GA 30303

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

27020290300

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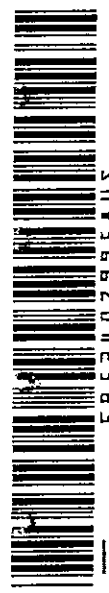


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30307	<input type="checkbox"/> Next <input checked="" type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th	\$ 16.25	\$	\$
Date Accepted	Scheduled Date of Delivery	Month	Day	Year
8/2/07	8/2/07	Aug	02	2007
Time Accepted	Scheduled Time of Delivery	Flat Rate	or Weight	lbs. ozs.
11:00 AM	<input type="checkbox"/> Noon <input type="checkbox"/> 3 PM <input type="checkbox"/> 4 PM <input type="checkbox"/> 5 PM	11.00	11.00	0.00
	Military	Total Postage & Fees	Acceptance Emp. Initials	
	<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	\$ 16.25		
	INT Alpha Country Code			

FROM: (PLEASE PRINT)

PHONE (PLEASE PRINT) 404-257-3307

Date for pickup for Saturday
1007 Virginia Ave. #220
Atlanta GA 30354

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Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Date	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	

CUSTOMER USE ONLY

NO DELIVERY Weekend Holiday Mailer Signature

WAIVER OF SIGNATURE (Domestic Mail Only)
Additional merchandise insurance is void if customer requests waiver of signature. Signature of addressee or signature of delivery employee of addressee's agent (if delivery employee judges that article can be left in secure location) and authorize that delivery employee's signature constitutes valid proof of delivery.

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BY THE SENATE
POST OFFICE**

When used international affix customs declaration (PS Form 2976, or 2977)



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United States Senate

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OFFICE OF PUBLIC RECORDS

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Date of Receipt

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Postmark

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Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL 8/2/07 _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

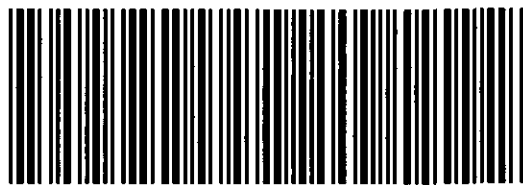
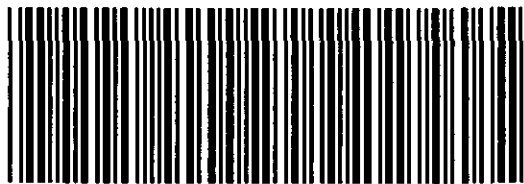
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Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER DH DATE PREPARED 8/7/07

27020290392



27020290393