

**FEC FORM 2  
STATEMENT OF CANDIDACY**

1. (a) Name of Candidate (in full) Tom Feeney		
(b) Address (number and street) P. O. Box 622345		<input checked="" type="checkbox"/> Check if address changed
(c) City, State and ZIP Code Oviedo FL 32762		2. Identification Number H2FL00250
4. Party Affiliation REPUBLICAN PARTY		5. Office Sought House
6. State & District of Candidate FL 24		
3. Is This Statement <input type="checkbox"/> New (N) <b>OR</b> <input checked="" type="checkbox"/> Amended (A)		

**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) Tom Feeney for Congress		
(b) Address (number and street) P. O. Box 622345		
(c) City, State and ZIP Code Oviedo FL 32762		

**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) Mack-Feeney Victory Committee		
(b) Address (number and street) P. O. Box 65067		
(c) City, State and ZIP Code Washington DC 20035		

**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	0.00	for the primary election, and
9B	0.00	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.

<b>Signature of Candidate</b> Tom Feeney	<b>Date</b> 10/01/2008
---	---------------------------

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

--	--	--	--	--	--	--	--	--

---

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**

**[ ADDITIONAL ]**

(Including Joint Fundraising Representatives)

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)

ROMP II

---

(b) Address (number and street)

228 S. Washington Street, #115

---

(c) City, State and ZIP Code

Alexandria

22314

---