

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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Office Use Only

1. NAME OF
COMMITTEE (in full)



(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

Kurt Hayes for Congress

ADDRESS (number and street)

P.O. BOX 751



(Check if address
is changed)

Acton

MA

01720

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

info@kurtherhayes.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.kurtherhayes.com

COMMITTEE'S FAX NUMBER

781-895-2934

2. DATE

02

25

2008

3. FEC IDENTIFICATION NUMBER ►

C00437855

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

Deborah H. Hayes

Signature of Treasurer

Deborah H. Hayes

Date

02

25

2008

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)

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

Kurt Hayes

Candidate Party Affiliation

Rep

Office Sought:



House



Senate



President

State

MA

District

05

- (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

None

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:



Corporation



Corporation w/o Capital Stock



Labor Organization



Membership Organization



Trade Association



Cooperative

28039650662

Write or Type Committee Name

Kurt Hayes for Congress

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

Treasurer

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

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

Deborah Holland Hayes

Mailing Address

P.O. Box 751

Acton

MA

01720

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Treasurer

Telephone number

978-621-8616

Full Name of
Designated
Agent

Kurt Glenn Hayes

Mailing Address

P.O. Box 751

Acton

MA

01720

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Candidate

Telephone number

978-621-8616

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.

Middlesex Savings Bank

Mailing Address

1629 Massachusetts Avenue

B Roxborough

MA

02129

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission
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☐ Received from Electronic Filing Office	Date of Receipt
☐ Other (Specify):	Date of Receipt or Postmarked

Jm
PREPARER
(3/2005)

3/3/08
DATE PREPARED

28039650665