

FEC FORM 2

STATEMENT OF CANDIDACY

RECEIVED
FEDERAL ELECTION
COMMISSION
PUBLIC DISCLOSURE
DIVISION

1. (a) Name of Candidate (in full) Cecil Ray Hale		
(b) Address (number and street) 7012 W. Texel Cove		☐ Check if address changed
(c) City, State, and ZIP Code Memphis, TN 38133		2. Identification Number H6PN09373241
4. Party Affiliation Rep.	5. Office Sought HOUSE	3. Is This Statement ☒ New (N) OR ☐ Amended (A)
6. State & District of Candidate TN / District 9		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the **2006** 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) Committee to Elect Cecil Hale
(b) Address (number and street) 7012 W. Texel Cove
(c) City, State, and ZIP Code Memphis, TN 38133

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	173,266.60	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 Cecil R. Hale	Date 3 Nov 06
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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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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
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☐ Other (Specify): Date of Receipt or Postmarked

Just *11-13-06*
PREPARER DATE PREPARED