

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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2007 NOV 26 AM 9:12

Office Use Only

1. NAME OF
COMMITTEE (in full)



(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

TOM DALEY FOR CONGRESS

ADDRESS (number and street)



3011 CHUKAR DRIVE



(Check if address
is changed)

MCKINNEY

TX

75070

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

OFFICE@TOMDALEYFORCONGRESS.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.TOMDALEYFORCONGRESS.COM

COMMITTEE'S FAX NUMBER

972 - 540 - 0500

2. DATE

11 / 13 / 2007

3. FEC IDENTIFICATION NUMBER

C

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 CYNTHIA A. HAMMOND

Signature of Treasurer

Cynthia Hammond

Date

11 / 13 / 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)

27039564995

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 THOMAS JAMES DALEY

Candidate Party Affiliation DEM Office Sought: House Senate President State TX District 03

- (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

27039564996

Write or Type Committee Name

TOM DALEY 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 DENISE FOSHEE

Mailing Address 3011 CHUKAR DRIVE

MCKINNEY TX 75070

Title or Position CITY STATE ZIP CODE

ASST. 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 CYNTHIA A. HAMMOND

Mailing Address 3011 CHUKAR DRIVE

MCKINNEY TX 75070

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number

Full Name of Designated Agent DENISE FOSHEE

Mailing Address 3011 CHUKAR DRIVE

MCKINNEY TX 75070

Title or Position CITY STATE ZIP CODE

ASST. TREASURER Telephone number

27039564997

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.

CAPITAL ONE

Mailing Address

2300 W. EL DORADO PARKWAY

MCKINNEY TX 75070

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

27039564998

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked
11/17/07

USPS Registered/Certified Postmarked (R/C)

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Overnight Delivery Service (Specify): Shipping Date
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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

JmyH
 PREPARER 11/26/07
 DATE PREPARED

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