

WILLIAM D. MITCHELL

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TELEPHONE 813-223-1959
TELECOPIER 813-221-2517

TELECOPY TRANSMITTAL

TO: Federal Election Commission - Public Records

FROM: Bill Mitchell

RE: Form 1 - Statement of Organization

DATE: August 19, 2005

TELECOPIER NUMBER: (202) 219-0174

TOTAL NUMBER OF PAGES TRANSMITTED: 5 (including this page)

Our reference number:

Message:

Following is a copy of Bill Mitchell's FEC Form 1. The original will follow by certified mail.

TO REPLY BY TELECOPY TO SENDER USE (813) 221-2517

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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

BILL MITCHELL FOR CONGRESS

ADDRESS (number and street)

1101 E. KENNEDY BLVD



(Check if address is changed)

31010

TAMPA

FL

33602-5150

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

Votebills@billmitchellforcongress.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.billmitchellforcongress.com

COMMITTEE'S FAX NUMBER

813-221-2517

2. DATE

08 19 2005

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

Robert E. LaPlant

Signature of Treasurer

Robert E. LaPlant

Date

08 19 2005

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)

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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 BILL MITCHELL

Candidate Party Affiliation DEM Office Sought: House Senate President

State District 9

- (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

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Write or Type Committee Name

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 ROBERT LAPLAUT

Mailing Address 201 E KENNEDY BLVD

SUITE 715

TAMPA FL 33602-5828

Title or Position TREASURER CITY STATE ZIP CODE

Telephone number 813-229-2090

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 ROBERT LAPLAUT

Mailing Address 201 E KENNEDY BLVD

SUITE 715

TAMPA FL 33602-5828

Title or Position TREASURER CITY STATE ZIP CODE

Telephone number 813-229-2090

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

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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.

BANK OF AMERICA

Mailing Address

101 KENNEDY BLVD

TAMPA FL 33602

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission
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