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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
LANGHEIER FOR CONGRESS

ADDRESS (number and street) 102 DOGWOOD TRACE
(Check if address is changed) TARPON SPRINGS FL 34688
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
dave@godave06.com

COMMITTEE'S WEB PAGE ADDRESS (URL)
www.godave06.com

COMMITTEE'S FAX NUMBER
727-939-2211

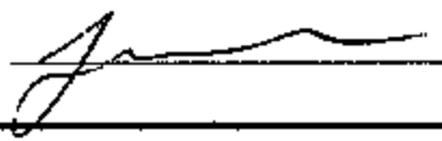
2. DATE 09 09 2005

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT X 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 GARY JOSEPH BARBOSA

Signature of Treasurer  Date 09 09 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 800-424-9630 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 DAVID DOMENIC LANGHEIER

Candidate Party Affiliation REP Office Sought: House Senate President State FL District 09

- (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

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Write or Type Committee Name

LANGHEIER 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 GARY JOSEPH BARBOSA

Mailing Address 102 DOGWOOD TRACE

TARPON SPRINGS FL 34688

Title or Position TREASURER CITY STATE ZIP CODE

Telephone number 727 939 2006

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 GARY JOSEPH BARBOSA

Mailing Address 102 DOGWOOD TRACE

TARPON SPRINGS FL 34688

Title or Position TREASURER CITY STATE ZIP CODE

Telephone number 727 939 2006

Full Name of Designated Agent DAVID S. EDMONDS

Mailing Address 102 DOGWOOD TRACE

TARPON SPRINGS FL 34688

Title or Position Assistant Treasurer CITY STATE ZIP CODE

Telephone number 727 939 2006

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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

1452 SEVEN SPRINGS BLVD

NEW PORT RICHEY

FL

34655

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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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.

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<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>ups</i>	Shipping Date <i>9-9-05</i>
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>JMU</i> PREPARER	<i>9-12-05</i> DATE PREPARED