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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

BOB LEVIS FOR CONGRESS

ADDRESS (number and street) ▼

1200 PARKWAY DR

☐ (Check if address is changed)

BROOKFIELD WI 53005-

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

LTD@BOBLEVIS.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

BOBLEVIS.COM

COMMITTEE'S FAX NUMBER

631-549-1699

2. DATE 09 07 2006

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 Melchior Leone

Signature of Treasurer Melchior Leone Date 09 07 2006

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: ROBERT LEVIS

Candidate Party Affiliation: GRN

Office Sought: ☑ House ☐ Senate ☐ President

State: WI

District: 05

(c) ✓ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate: ROBERT LEVIS

(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

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: MELCHIOR LEONE

Mailing Address: 42 HIGH STREET

HUNTINGTON | NY | 11743-

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

TREASURER

Telephone number: 631-223-3747

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: MELCHIOR LEONE

Mailing Address: 42 HIGH STREET

HUNTINGTON | NY | 11743-

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

TREASURER

Telephone number: 631-223-3747

Full Name of Designated Agent

Mailing Address

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

Telephone number

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.

BREWERY CREDIT UNION

Mailing Address 1351 MARTIN LUTHER KING JR. DR.

MILWAUKEE | WI | 53212-4009

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

FIRST REPUBLIC BANK

Mailing Address 111 PINE ST.

SAN FRANCISCO | CA | 94111-

CITY ▲ STATE ▲ ZIP CODE ▲

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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EP	9/13/06
PREPARER	DATE PREPARED

(3/2005)