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FEC FORM 1

STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

ROBERT M. NEELD FOR CONGRESS

ADDRESS (number and street) ☐ (Check if address is changed)

P. O. BOX 100500

CAPE CORAL | FL | 33910-0500

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

NEELD@NEELD.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

239-[illegible]-[illegible]

2. DATE 02 / 16 / 2004

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: Gerald Levy

Signature of Treasurer: Gerald Levy Date 02 / 16 / 2004

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)

SC 5AN042.PDF

5. TYPE OF COMMITTEE (Check One)

(a) [X] 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 O. MEEKS JR.

Candidate Party Affiliation: DEM

Office Sought: [X] House [ ] Senate [ ] President

State: FL

District: 11

(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

FEC Form 1 (Revised 02/2003)

Write or Type Committee Name: Robert M. Merold 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: TREASURER

Mailing Address:

CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼

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: GERALD LEVY

Mailing Address: 1726 SE [illegible] STREET

CAPE CORAL | FL | 339[illegible]

CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼

TREASURER

Telephone number: 2[illegible]5-[illegible]-[illegible]

Full Name of Designated Agent: JAMES V. [illegible]

Mailing Address: 250[illegible] SE [illegible] AVENUE

CAPE CORAL | FL | 339[illegible]

CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼

ASSISTANT TREASURER

Telephone number: 2[illegible]5-5[illegible]6-[illegible]

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 516 CAPE CORAL PARKWAY

CAPE CORAL FL 33914

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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CMP — PREPARER

2-17-04 — DATE PREPARED

(2/2004)