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FEC
FORM 1

STATEMENT OF
ORGANIZATION

OMB Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4MS

DPIS MANAGEMENT RESOURCES, LLC

ADDRESS (number and street) 8800 GRAND OAK CIRCLE

(Check if address is changed)

SUITE 400

TALPA FL 33637

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

DPISMR.COM

COMMITTEE'S TAX NUMBER

813-558-6572

2. DATE 10 07 2004

3. FEC IDENTIFICATION NUMBER C00464541

4. IS THIS STATEMENT NEW (N) OR AMENDED (A) GR

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 L. RABEL

Signature of Treasurer [Signature] Date 10 07 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5457g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

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 _____

Candidate Party Affiliation	Office Sought	House	Senate	President	State District
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- (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

OPIS MANAGEMENT RESOURCES, LLC

Mailing Address: 8800 GRAND OAK CIRCLE
 SUITE 400
 TALPA FL 33687
 CITY STATE ZIP CODE

Relationship: CONNECTED

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

Mailing Address

Title or Position CITY STATE ZIP CODE

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

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

Full Name of Designated Agent

MARY ANNE WILTSE

Mailing Address

5800 GRAND OAK CIRCLE

SUITE 400

TALPA

FL

33637

Title or Position CITY STATE ZIP CODE

ACCOUNTANT

Telephone number 813-558-6614

8. 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.

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address _____

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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<i>Jm 13</i> PREPARER	<i>10-18-04</i> DATE PREPARED