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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

BLTYHE FOR CONGRESS

ADDRESS (number and street) P.O. Box 33815

(Check if address is changed) 509 N RIVER OAKS DR
INGIALANTIC FL 32903

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS
SBLYTHE@CFL.RR.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)
HTTP://WWW.BLYTHE2008.COM

COMMITTEE'S FAX NUMBER
321-674-9217

2. DATE 08 01 2007

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 Eileen Patricia Rich

Signature of Treasurer *Eileen Patricia Rich* Date 08 01 2007

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.

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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 STEPHEN BLYTHE

Candidate Party Affiliation DEM Office Sought: House Senate President State FL District 15

- (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

BLYTE 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

STEPHEN LEE BLYTHE

Mailing Address

BLYTE FOR CONGRESS

P.O. Box 33815

INDIALANTIC

FL

32903

Title or Position

CITY

STATE

ZIP CODE

CANDIDATE

Telephone number

321

674

9220

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

EILEEN PATRICIA RICH

Mailing Address

TREASURER - BLYTHE FOR CONGRESS

P.O. Box 33815

INDIALANTIC

FL

32903

Title or Position

CITY

STATE

ZIP CODE

Telephone number

Full Name of Designated Agent

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

27039503473

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.

RIVERSIDE BANK

Mailing Address

11025 S. BABCOCK ST

MELBOURNE

FL

32901

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

27039503474

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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USPS First Class Mail Postmarked
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Received from House Records & Registration Office Date of Receipt

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Other (Specify): Date of Receipt or Postmarked

Jms 8/7/07
 PREPARER DATE PREPARED

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