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FEC
FORM 1

STATEMENT OF
ORGANIZATION

7005 FEB 15 A B 46

Office Use Only

1. NAME OF COMMITTEE (or fund) (Check if name is changed) Exempt (if typing, type over the lines) 12F84MS

Greg Rublee for Congress

ADDRESS (number and street) 501 Pine Avenue

(Check if address is changed)

Oldsmar FL 34677

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

grublee@tampabay.rr.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE 02 10 2005

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 Maria Rost Rublee

Signature of Treasurer *Maria Rost Rublee* Date 02 10 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 800-424-9531 Local 202-461-1100	FEC FORM 1 (Revised 02/03)
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6. 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 Gregory Neil Rublee

Candidate Party Affiliation DEM 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.

7. Name of Any Connected Organization or Affiliated Committee

Mailing Address _____

 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship: _____

Type of Connected Organization:

- Corporation
- Membership Organization
- Corporation with Capital Stock
- Trade Association
- Labor Organization
- 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 Mario Rost Rublee

Mailing Address 501 Pine Avenue
Oldsmar FL 34677

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number (813)-914-1296

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 Mario Rost Rublee

Mailing Address 501 Pine Avenue
Oldsmar FL 34677

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number (813)-914-1296

Full Name of Designated Agent _____

Mailing Address _____

Title or Position CITY STATE ZIP CODE

_____ Telephone number _____

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.

Bank of America

Mailing Address

3711 Tampa Road

Oldsmar FL 34697-6309

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission
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