25038751757

FEC FORM 1

STATEMENT OF ORGANIZATION

2005 MAR -7 A 10:22

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

B.I.G.R. BRUCE CALVIN TRASK FOR PRESIDENT

ADDRESS (number and street) 18345 SW 151TH STREET APT A-104

(Check if address is changed)

MIAMI FL 33186-5900

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

None

COMMITTEE'S WEB PAGE ADDRESS (URL)

None

COMMITTEE'S FAX NUMBER

None

2. DATE 02 27 2005

3. FEC IDENTIFICATION NUMBER ▶ C00410019

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 Bruce C. Trask

Signature of Treasurer Bruce C. Trask Date 02 27 2005

NOTE: Submission of false, amended, 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 02/2005)

FE2NN01

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: BRUCE C TRASK

Candidate Party Affiliation: REF

Office Sought: House Senate X President

State

District

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

Name of Candidate: BRUCE C TRASK

(d) ✓ This committee is a REF (National, State or subordinate) committee of the NAT (Democratic, ~~Republican, etc.~~) Party. REF

(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**

NONE AT This Time

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: BRUCE CALVIN TRASK

Mailing Address: 12345 SW 151st Street APT #-104

MIAMI | FL | 33186-5900

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

Treasurer | Telephone number: 305-971-4584

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: BRUCE CALVIN TRASK

Mailing Address: 12345 SW 151ST STREET APT #-104

MIAMI | FL | 33186-5900

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

Same as above | Telephone number: 305-971-4584

Full Name of Designated Agent: None at This time

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.

Washington Mutual

Mailing Address 12125 SW 152nd STREET

Miami FL 33186-5900

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Washington Mutual

Mailing Address 12125 SW 152nd STREET

Miami FL 33186-5900

CITY ▲ STATE ▲ ZIP CODE ▲

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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.

☐ Hand Delivered	Date of Receipt
☑ USPS First Class Mail	Postmarked
☐ USPS Registered/Certified	Postmarked (R/C)
☐ USPS Priority Mail	Postmarked
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☐ USPS Express Mail	Postmarked
☐ Postmark Illegible	
☑ No Postmark	
☐ Overnight Delivery Service (Specify):	Shipping Date
☐ Received from House Records & Registration Office	Date of Receipt
☐ Received from Senate Public Records Office	Date of Receipt
☐ Received from Electronic Filing Office	Date of Receipt
☐ Other (Specify):	Date of Receipt or Postmarked
PREPARER	DATE PREPARED 3/7/05

(5/2004)