24038351788

FEC FORM 1

STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: if typing, type over the lines. `12FE4M5`

Robert G. Whittel for Congress

ADDRESS (number and street) ▼ PO Box 10035

☐ (Check if address is changed)

Brooksville FL 34603-10035

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

whittel.com

COMMITTEE'S FAX NUMBER

352-596-3752

2. DATE 04 01 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 Jason M. Melton

Signature of Treasurer Date 04 01 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)

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

(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

Write or Type Committee Name

Robert G. Whittel 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 *Robert G Whittel*

Mailing Address *P.O. Box 10035*

Brooksville *FL* *34603-0035*

Title or Position ▼   CITY ▲   STATE ▲   ZIP CODE ▲

Candidate   Telephone number *352-596-3752*

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 *Jason M Melton*

Mailing Address *P.O. Box 10035*

Brooksville *FL* *34603-0035*

Title or Position ▼   CITY ▲   STATE ▲   ZIP CODE ▲

Treasurer   Telephone number

Full Name of Designated Agent *Robert G Whittel*

Mailing Address *PO Box 10035*

Brooksville *FL* *34603-0035*

Title or Position ▼   CITY ▲   STATE ▲   ZIP CODE ▲

Assistant Treasurer   Telephone number *352-596-3752*

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.

Regions Bank

Mailing Address: 7205 Forest Oaks Blvd

Spring Hill   FL   34606 -

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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☐ 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 4-7-04

(2/2004)