**FEC** FORM 1

## STATEMENT OF **ORGANIZATION**

2012 FEB 29 PM 12: 50

IL CENTER

			ļ	Office Use Only	FEC MA
NAME OF     COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5		
R <sub>i</sub> chard Clas	r k for Co	n <sub> </sub> g <sub> </sub> r <sub> </sub> e <sub> </sub> s <sub> </sub> s <sub> </sub>		1111	
					لبيبا
ADDRESS (number and street)	P1 . O B O X	1,6,9,1,,,,,			لبيب
(Check if address					لبب
is changed)	Ponte Ved	r,a, B,e,a,c,h,	F, L	3,2,0,0,4	لسسا
	1	CITY	STATE	ZIP COI	DE
COMMITTEE'S E-MAIL ADDRES	SS (Please provide only one e-	mail address)			
(Check if address	nwatkins@	robertwatk	lins.c	0,111	لتتتت
is changed)					لتتت
COMMITTEE'S WEB PAGE ADD	DRESS (URL)				
Charle if address	w <sub> </sub> w <sub> </sub> w <sub> </sub> . <sub> </sub> r <sub> </sub> i <sub> </sub> c <sub> </sub> h <sub> </sub> a	r d c l a r k . 0 r	9		لبب
(Check if address is changed)					
2. DATE 0 2 2  3. FEC IDENTIFICATION NU	4 / 2 0 1 2 JMBER C				
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)			
I certify that I have examined th	is Statement and to the best	of my knowledge and belief it	is true, correct	and complete.	
Type or Print Name of Treasurer	Nancy H. Watkins				<del></del>
Signature of Treasurer	Whatten )		Date 0 2	2 8 /	2 0 1 2
NOTE: Submission of false, errone	•	may subject the person signing to DN SHOULD BE REPORTED W		•	U.S.C. §437g.
Office Use Only		For further information of Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FOF	

FI	EC Fo	orm 1 (Revised 02/2009)	Page 2					
_		COMMITTEE						
(a)	ildate	e Committee:  This committee is a principal campaign committee. (Complete the candidate information below.)						
(b)	П	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate						
Name	of.	information below.)						
	Candidate $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$							
Candid	oate Affiliati		State F L					
			District 0 6					
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.						
Name Candid	-		!					
Party	/ Con	mmittee:						
(d)			ocratic, blican, etc.) Party.					
Politi	ical A	Action Committee (PAC):						
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a					
		Corporation w/o Capital Stock Lab	oor Organization					
		Membership Organization Trade Association Cod	operative					
		In addition, this committee is a Lobbyist/Registrant PAC.						
<b>(f)</b>		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregation committee. (i.e., nonconnected committee)	ated fund or party					
		In addition, this committee is a Lobbyist/Registrant PAC.	,					
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)						
	runc	draising Representative:  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or	more political					
(g)	L	committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political					
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political					
	Com	nmittees Participating in Joint Fundraiser						
	1.	FEC ID number C						
	2.	FEC ID number						
	3.							
	4.							

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FEC Form 1 (Rev		Page 3					
Richard Clark for Congress  6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor							
6. Name of Any Connec	neu Organization, Anniateu Committee, John Fundraising Representative, of Leat	iersnih FAC Sponsor					
N o n e							
Mailing Address							
		-					
	CITY STATE	ZIP CODE					
Relationship: Con	nected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor					
		1					
<ol> <li>Custodian of Records books and records.</li> </ol>	s: Identify by name, address (phone number optional) and position of the person in	possession of committee					
Full Name	a <sub>ı</sub> n <sub>ı</sub> c <sub>ı</sub> y <sub>ı H</sub> ., <sub> </sub> W <sub>ı</sub> a <sub>ı</sub> t <sub>ı</sub> k <sub>ı</sub> i <sub>ı</sub> n <sub>ı</sub> s						
Mailing Address	6,1,0, S,., B,o,u,1,e,v,a,r,d,						
	T, a, m, p, a, , , , , , , , , , , , , , , , ,	3 6 0 6 -					
Title or Position	CITY STATE	ZIP CODE					
T <sub> </sub> r <sub> </sub> e <sub> </sub> a <sub> </sub> s <sub> </sub> u <sub> </sub> r <sub> </sub>	e r Telephone number 8,1,3 -	- 2 5 4 - 3 3 6 9					
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	alncly   H   Wat   k   i   n   s						
Mailing Address	6,1,0, S,., B,o,u,1,e,v,a,r,d,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
		3,6,0,6,-					
Title or Position	CITY STATE	ZIP CODE					
Treasur	e r Telephone number	2 5 4 - 3 3 6 9					
i .							

9.

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Full Name of Designated Agent	ert II. Watkins					
Mailing Address	6 1 0 S . B o u 1 e v	a <sub>l</sub> r <sub>l</sub> d <sub>l</sub>				
		<del></del>				
	T <sub> </sub> a <sub> </sub> m <sub> </sub> p <sub> </sub> a <sub> </sub>	FL	3 3 6 0 6 -			
	CITY	STATE	ZIP CODE			
Title or Position						
A <sub>1</sub> s <sub>1</sub> s <sub>1</sub> i <sub>1</sub> s <sub>1</sub> t <sub>1</sub> a <sub>1</sub> n <sub>1</sub> t <sub>1</sub>	T <sub> </sub> T <sub> </sub> r <sub> </sub> e <sub> </sub> a <sub> </sub> s <sub> </sub> u <sub> </sub> r <sub> </sub> e <sub> </sub> r <sub> </sub>	Telephone number 8 1 1	3 - 2 5 4 - 3 3 6 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.						
E <sub>j</sub> v <sub>j</sub> e <sub>j</sub>	r,B,a,n,k,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Mailing Address	5,0,1, R,i,v,e,r,s,i,d,e,	Avenue				
·		+				
	J_a_c_k_s_o_n_v_i_l_l_l_e	F <sub>L</sub>	3,2,2,1,8			
	CITY	STATE	ZIP CODE			
Name of Bank, Depository, etc.						
T <sub>i</sub> h <sub>i</sub> e <sub>i</sub>	Bank, of, Tampa		1			
الماتات			<del></del>			
Mailing Address	6,0,1, B,a,y,s,h,o,r,e,	B <sub>1</sub> 1 <sub>1</sub> v <sub>1</sub> d <sub>1</sub> ., , , , , , , , , , , , , , , , , , ,				
	T <sub>1</sub> a <sub>1</sub> m <sub>1</sub> p <sub>1</sub> a <sub>1</sub>	F <sub>L</sub>	3,3,6,0,6 -			
	CITY	STATE	ZIP CODE			

(3/2005)

## **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. **Date of Receipt Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark Shipping Date Overnight Delivery Service (Specify): Next Business Day Delivery **Date of Receipt** 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 or Postmarked Other (Specify): PREPARER **DATE PREPARED**