Coastal Florida's Future PAC 610 S. Boulevard Tampa, FL 33606

RECEIVED

2012 MAR -6 AM 11: 45 FEC MAIL CENTER

March 5, 2012

Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

Re: Form 1, Statement of Organization – Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures and, consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in *SpeechNow v. FEC*, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Nancy H. Watkins

Treasurer

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED 2012 MAR - 6 AM II: 45
FEC MAIL CENTER

FORM 1						Office Use Onl	CENTER
1. NAME OF COMMITTEE (in 1	ull)	(Check if name s changed)		nple:If typing, type the lines.	12FE4	M5	
C o a s t a 1	F 1 0 T i d	la 's Fu	լելալո	e PAC			
					LIII.		لللللل
ADDRESS (number and	street) $\begin{bmatrix} 6 & 1 & 0 \\ & & 1 & 0 \end{bmatrix}$	S . B) u 1 1 6	e v a r d			
(Check if add is changed)	ress T_a_m	p a			F _L	3,3,6,0,6	i-L
			CITY		STATE	ZIP (CODE
COMMITTEE'S E-MAIL	. ADDRESS (Please	provide only one	e-mail add	dress)			
(Check if a	ddress n w i	a t k i n s	@ r o	b _l e _l r _i t _i w _l a _i t _i k	i n s	. c o m	
is changed)		<u> </u>					
COMMITTEE'S WEB F	AGE ADDRESS (U	RL)					
(Check if a	ddress N_o_r	i e	111				
is changed)			<u> </u>				لتتتت
2. DATE 0 3	' 0 2 ' 2	0 1 2					
3. FEC IDENTIFICA	ATION NUMBER	C					
4. IS THIS STATEM	ENT NEW	(N) OR		AMENDED (A)			
I certify that I have ex	amined this Statem	ent and to the bes	st of my l	knowledge and belief i	t is true, coi	rrect and complete	
Type or Print Name of	Treasurer Nanc	y H. Watkins					
Signature of Treasurer	new	thi			Date	0 3 0 5	2 0 1 2
NOTE: Submission of fa			•	ject the person signing		·	of 2 U.S.C. §437g.
Office Use Only				For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC F (Revised	ORM 1 02/2009)

3.

	FE	EC Foi	rm 1 (Revised 02/2009)	Page 2				
	TYPE	OF C	OMMITTEE					
	TYPE OF COMMITTEE Candidate Committee:							
(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 Candid		<u> </u>					
	Candio Party /	iate Affiliatio	Office Sought: House Senate President	State District				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name Candid							
!	Party	/ Com	mittee:	_				
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.				
-	Politi	ical A	ction Committee (PAC):					
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected organization is a				
•	,	ليكا	Corporation Corporation w/o Capital Stock	Labor Organization				
			Membership Organization Trade Association	Cooperative				
			In addition, this committee is a Lobbyist/Registrant PAC.					
1	(f)	$oldsymbol{\Lambda}$	This committee supports/opposes more than one Federal candidate, and is NOT a separate so committee. (i.e., nonconnected committee)	egregated 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.)					
J	oint	Fund	raising Representative:					
(g) .		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political				
(I	1)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political				
Committees Participating in Joint Fundraiser								
		1.	FEC ID number					
		2.	FEC ID number C	<u>, , , , , , , , , , , , , , , , , , , </u>				

FEC ID number

FEC ID number

FEC Form 1 (Revised 0	2/2009)	Page 3
Write or Type Committee Name		
Coastal Florida's Future PA	AC	
6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership F	PAC Sponsor
by lo		11111
N 0 n e		
Mailing Address		
·		
		
	CITY STATE ZIP	CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Leaders	ship PAC Sponsor
_		
 Custodian of Records: Iden books and records. 	tify by name, address (phone number optional) and position of the person in possess	sion of committee
Full Name	: Y, H ., W a,t k i n s	
Mailing Address	6,1,0, S,.,B,o,u,1,e,v,a,r,d,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	T ₁ a ₁ m ₁ p ₁ a ₁ [3 ₁ 3 ₁ 6 ₁ 0 ₁	6]-[
Title or Position	CITY STATE ZIP	CODE
T r e a s u r e r	Telephone number $\begin{bmatrix} 8 & 1 & 3 \end{bmatrix} = \begin{bmatrix} 2 & 5 \end{bmatrix}$	4 - 3 3 6 9
B. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	and address of
Full Name of Treasurer	Y H Watkins	لبيب
Mailing Address	6,1,0, S,., B,O,u,1,e,v,a,r,d,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	T ₁ a ₁ m ₁ p ₁ a ₁ 3 ₁ 3 ₁ 6 ₁ 0 ₁	6
Title or Position	CITY STATE ZIP	CODE
T r e a s u r e r	Telephone number [8,1,3] - [2,5,	4 - 3 3 6 9

Full Name of Designated Agent	R O b e r t I . W a t k i n s				
Mailing Address	6,1,0, S,., B,o,u,1,e,v,a,r,d,,,				
	T,a,m,p,a,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	F _L L STATE	ZIP CODE		
Title or Position					
Assis	t a n t T r e a s u r e r Telephone n	umber 8	1,3,-2,5,4,-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.				
	T ₁ h ₁ e ₁ B ₁ a ₁ n ₁ k ₁ o ₁ f ₁ T ₁ a ₁ m ₁ p ₁ a ₁				
Mailing Address	6,0,1, B,a,y,s,h,o,r,e, B,1,v,d,.				
		1-1-1-1			
	Tampa	FL	3,3,6,0,6 -		
	CITY	STATE	ZIP CODE		
Name of Bank,	Depository, etc.				
	E v e r B a n k	<u> </u>			
Mailing Address	5 0 1 R i v e r s i d e A v e n	ս _լ е _լ			
	J ₁ a ₁ c ₁ k ₁ s ₁ o ₁ n ₁ v ₁ i ₁ l ₁ l ₁ e ₁	FL	3,2,2,1,8 -		
	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 Fed Ex 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**