Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 × COMMITTEE (in full) is changed) over the lines. **ESAFund** 610 S. Boulevard ADDRESS (number and street) (Check if address is changed) Tampa 33606 FL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS nwatkins@robertwatkins.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.ESAFund.com (Check if address is changed) DATE 2015 C00489856 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Nancy H. Watkins Type or Print Name of Treasurer Nancy H. Watkins [Electronically Filed] 07 2015 Signature of Treasurer Date 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 For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

	FFC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>				
TYP	E OF C	OMMITTEE	1 ago 2				
Car	ndidate	idate 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. (Cominformation below.)	plete the candidate				
Nam Cand	e of didate						
	didate y Affiliati	Office Sought: House Senate President	State				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Nam Cand	e of didate						
Par	ty Con	nmittee:	/Damaau-+!-				
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.				
Poli	itical A	ction Committee (PAC):					
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected organization is a				
		Corporation Corporation w/o Capital Stock	Labor Organization				
		Membership Organization Trade Association	Cooperative				
		In addition, this committee is a Lobbyist/Registrant PAC.					
(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (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.)					
Join	t Func	Iraising 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				
(h)		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				
	Com	mittees Participating in Joint Fundraiser					
	1.	FEC ID number					
	2.	FEC ID number					
	3.	FEC ID number					
	4.						

Write or Type Committee Na			Page 3
	me		
ESAFund			
6. Name of Any Connected	Organization, Affiliated Committee, Jo	int Fundraising Representative,	or Leadership PAC Sponsor
NONE			
Mailing Address			
	CITY	STATE	ZIP CODE
Relationship: Connec	ted Organization Affiliated Committee	Joint Fundraising Representat	ive Leadership PAC Sponso
books and records.	lentify by name, address (phone number	optional) and position of the pe	rson in possession of committee
Full Name	,610 S. Bouelvard		
Mailing Address			
	Tampa	, ,FL ,	33606
Title or Position	CITY	STATE	ZIP CODE
Title or Position	CITY		ZIP CODE  13 3369
Treasurer	and address (phone number optional) o	Telephone number 8	13 - 254 - 3369
Treasurer  Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) o	Telephone number 8	13 - 254 - 3369
Treasurer  Treasurer: List the name a any designated agent (e.g. Full Name Nancy H	and address (phone number optional) o , assistant treasurer).	Telephone number 8	13 - 254 - 3369
Treasurer  Treasurer: List the name a any designated agent (e.g.  Full Name Nancy Hof Treasurer	and address (phone number optional) o, assistant treasurer).	Telephone number 8	13 - 254 - 3369
Treasurer  Treasurer: List the name a any designated agent (e.g.  Full Name Nancy Hof Treasurer	and address (phone number optional) o, assistant treasurer).	Telephone number 8	13 - 254 - 3369

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Full Name of Designated	Robert I. Watkins	
Agent		
Mailing Address	610 S. Boulevard	
	Tampa	
	CITY STATE Z	ZIP CODE
Title or Position Assistant Treas		54 3369
		accounts, rents
safety deposit be Name of Bank,	oxes or maintains funds.  Depository, etc.  The Bank of Tampa  P. O. Box 1	
safety deposit be	oxes or maintains funds.  Depository, etc.  The Bank of Tampa  P. O. Box 1	
safety deposit be Name of Bank,	oxes or maintains funds.  Depository, etc.  The Bank of Tampa  P. O. Box 1	
safety deposit be Name of Bank,	Depository, etc.  The Bank of Tampa  P. O. Box 1  Tampa  FL 33601	ZIP CODE
safety deposit be Name of Bank,	Depository, etc.  The Bank of Tampa  P. O. Box 1  Tampa  FL 33601  CITY  STATE  Z	
safety deposit be Name of Bank, Mailing Address	Depository, etc.  The Bank of Tampa  P. O. Box 1  Tampa  FL 33601  CITY  STATE  Z	
safety deposit be Name of Bank, Mailing Address	Depository, etc.  The Bank of Tampa  P. O. Box 1  Tampa  CITY  STATE  Z  Depository, etc.	
safety deposit be Name of Bank, Mailing Address	Depository, etc.  The Bank of Tampa  P. O. Box 1  Tampa  CITY  STATE  Z  Depository, etc.	
safety deposit be Name of Bank, Mailing Address	Depository, etc.  The Bank of Tampa  P. O. Box 1  Tampa  CITY  STATE  Z  Depository, etc.	