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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 X COMMITTEE (in full) over the lines. is changed) Republican Governance Group/Tuesday Group PAC 610 S. Boulevard ADDRESS (number and street) (Check if address is changed) 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) (Check if address is changed) DATE 2020 C00433060 FEC IDENTIFICATION NUMBER 3. X 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. Watkins, Assistant Treasurer, Nancy, H.,, Type or Print Name of Treasurer Watkins, Assistant Treasurer, Nancy, H.,, [Electronically Filed] 06 2020 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 Only

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	naidate	Committee:	
(a)	ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate
	ne of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	ne of didate		
Par	rty Com	nmittee:	
(d)		(National, State	Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	nected 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)			areasted fund or porty
(f)	x	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fulld of party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joir	nt Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o 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.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.		
	3.	FEC ID number	
	4.		

FFC Form 1 (P	Revised 02/2009)	Page 3
Write or Type Committee		i age 3
•	Governance Group/Tuesday Group PAC	
.	nected Organization, Affiliated Committee, Joint Fundraising Representative, or L	eadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Co	onnected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Recorbooks and records.	rds: Identify by name, address (phone number optional) and position of the person	n in possession of committee
W Full Name	/atkins, Assistant Treasurer, Nancy, H., ,	
	610 S. Boulevard	
Mailing Address		
	Tampa FL 13	33606
Title or Position	CITY STATE	ZIP CODE
Assistant Treasurer	Telephone number 813	3366
	name and address (phone number optional) of the treasurer of the committee; and it (e.g., assistant treasurer).	the name and address of
	elly, Sue W., , ,	1
of Treasurer	JP. O. Box 11586	
Mailing Address		
	- Washington	0006
	Washington DC 2 CITY STATE	0006 ZIP CODE
Title or Position Treasurer	813 Telephone number	
rreasurer	813 Telephone number	

	m 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	Watkins, Assistant Treasurer, Nancy, H., ,	
Mailing Address	610 S. Boulevard	
ŭ		
	Tampa FL	33606
	CITY STATE	ZIP CODE
Title or Position Assistant Treas	surer 813 Telephone number	3369
	r Depositories: List all banks or other depositories in which the committee deposits fun oxes or maintains funds.	ds, holds accounts, rents
Name of Bank, I	Depository, etc.	
Name of Bank, I	Depository, etc. Wells Fargo Bank	
Name of Bank, I Mailing Address	Wells Fargo Bank	
	Wells Fargo Bank	
	Wells Fargo Bank 7901 Wisconsin Avenue	20814
	Wells Fargo Bank 7901 Wisconsin Avenue	20814 ZIP CODE
Mailing Address	Wells Fargo Bank 7901 Wisconsin Avenue Bethesda CITY STATE	
Mailing Address	Wells Fargo Bank 7901 Wisconsin Avenue Bethesda CITY STATE Depository, etc.	
Mailing Address Name of Bank, I	Wells Fargo Bank 7901 Wisconsin Avenue Bethesda CITY STATE Depository, etc. The Bank of Tampa 601 Bayshore Blvd.	
	Wells Fargo Bank 7901 Wisconsin Avenue Bethesda CITY STATE Depository, etc. The Bank of Tampa 601 Bayshore Blvd.	
Mailing Address Name of Bank, I	Wells Fargo Bank 7901 Wisconsin Avenue Bethesda CITY STATE Depository, etc. The Bank of Tampa 601 Bayshore Blvd.	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisin	g Participant:		
1.		FEC ID numb	
2.		FEC ID numb	er C
3.		FEC ID numb	er C
4.		FEC ID numb	er C
ame of Any Connected	Organization, Affiliated Committee, Joint	Fundraising Represent	ative, or Leadership PAC Spor
Mailing Address			
Relationship:	CITY ▲	STATE	ZIP CODE ▲
	Organization Affiliated Committee by name, address (phone number – option	Joint Fundraising Representation	sentative Leadership PAC S
esignated Agent: Identify Watkins, Full Name			sentative Leadership PAC S
esignated Agent: Identify Watkins,	by name, address (phone number – optior Robert, I., ,		sentative Leadership PAC S
esignated Agent: Identify Watkins, Full Name	by name, address (phone number – option Robert, I., , 610 S. Boulevard	nal)	
esignated Agent: Identify Watkins, Full Name	by name, address (phone number – option Robert, I., , 610 S. Boulevard Tampa	nal)	33606
esignated Agent: Identify Watkins, Full Name	by name, address (phone number – option Robert, I., , 610 S. Boulevard Tampa	nal)	33606
watkins, Full Name Mailing Address TITLE OR POSITION Designated Agent anks or Other Depositor afety deposit boxes or ma	by name, address (phone number – option Robert, I., , 610 S. Boulevard Tampa CITY ries: List all banks or other depositories in the second secon	Telephone Number	33606
watkins, Full Name Mailing Address TITLE OR POSITION Designated Agent anks or Other Depositor afety deposit boxes or mail ame of Bank, epository, etc.	by name, address (phone number – option Robert, I., , 610 S. Boulevard Tampa CITY ries: List all banks or other depositories in the second secon	Telephone Number	33606