

# FEC FORM 1

# STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

House Conservatives Fund

ADDRESS (number and street)

P. O. Box 2752

(Check if address is changed)

Washington

DC

20013

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

nwatkins@robertwatkins.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.houseconservatives.com

COMMITTEE'S FAX NUMBER

8132533280

2. DATE

05 / 01 / 2006

3. FEC IDENTIFICATION NUMBER

C C00326439

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

Nancy H Watkins

Signature of Treasurer

Electronically Filed by Nancy H Watkins

Date

05 / 08 / 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

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

**House Conservatives Fund**

- 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 **Nancy H Watkins**

Mailing Address **610 S. Boulevard**

**Tampa** **FL** **33606**

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

**Treasurer** Telephone number **813** **254** **3369**

- 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 **Nancy H Watkins**

Mailing Address **610 S. Boulevard**

**Tampa** **FL** **33606**

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

**Treasurer** Telephone number **813** **254** **3369**

Full Name of Designated Agent **Robert I. Watkins**

Mailing Address **610 S. Boulevard**

**Tampa** **FL** **33606**

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

**Assistant Treasurer** Telephone number **813** **254** **3369**

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.

	<b>Bank of Tampa</b>		
Mailing Address	<b>P. O. Box 1</b>		
	<b>Tampa</b>	<b>FL</b>	<b>33601</b> -
	CITY ▲	STATE ▲	ZIP CODE ▲

**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.

[ ADDITIONAL ]

**Wachovia Bank**

Mailing Address **110 S. Boulevard**

**Tampa** **FL** **33606** -

CITY ▲ STATE ▲ ZIP CODE ▲

**Name of Any Connected Organization or Affiliated Committee**

[ ADDITIONAL ]

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

- Corporation
- Corporation w/o Capital Stock
- Labor Organization
- Membership Organization
- Trade Association
- Cooperative

**Designated Agent**

**[ ADDITIONAL ]**

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number  -  -



**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.

[ ADDITIONAL ]

**CitiBank**

Mailing Address **600 Pennsylvania Avenue, S.E.**

**Washington** **DC** **20003**

CITY ▲ STATE ▲ ZIP CODE ▲

**Name of Any Connected Organization or Affiliated Committee**

[ ADDITIONAL ]

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

- Corporation
- Corporation w/o Capital Stock
- Labor Organization
- Membership Organization
- Trade Association
- Cooperative

**Designated Agent**

**[ ADDITIONAL ]**

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number  -  -

