PAGE 1/5 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) JOHN BOLTON PAC 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) (Check if address is changed) DATE 2013 C00542431 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 CPA Type or Print Name of Treasurer NANCY H WATKINS CPA [Electronically Filed] 09 13 2013 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. **FEC FORM 1** (Revised 06/2012)

Office			For further information contact:
Use			Federal Election Commission
Only			Toll Free 800-424-9530
Offily			Local 202-694-1100

	FFC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	i aye £
Can	ndidate	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. (Con information below.)	nplete the candidate
Nam Cand	e of didate		
	didate / 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:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	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)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate s 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.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Revised 0	12/2009)	Page 3
Write or Type Committee Name		
JOHN BOLTON	I PAC	
6. Name of Any Connected O	organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	hip PAC Sponsor
NONE		
Mailing Address		
		- -
	CITY STATE	ZIP CODE
Dolationship. Connector	I Organization Affiliated Committee Joint Fundraising Representative Lea	adership PAC Sponso
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative Lea	adership PAC Sponso
 Custodian of Records: Iden books and records. 	tify by name, address (phone number optional) and position of the person in pos	session of committee
I	WATKINS CPA	
Full Name	,610 S BOULEVARD	
Mailing Address		
	TAMPA FL 33606	
Title or Position	CITY STATE	ZIP CODE
TREASURER	Talanhara murahar 813 -	254 3369
	Telephone number	
B. Treasurer: List the name and	d address (phone number optional) of the treasurer of the committee; and the na	me and address of
any decignated agent (a.g. a	aciatant traccurar)	
any designated agent (e.g., a	issistant treasurer).	
any designated agent (e.g., a	ussistant treasurer). WATKINS CPA	
any designated agent (e.g., a		
any designated agent (e.g., a Full Name NANCY H of Treasurer	WATKINS CPA	
any designated agent (e.g., a Full Name NANCY H of Treasurer	WATKINS CPA	
any designated agent (e.g., a Full Name NANCY H of Treasurer	WATKINS CPA 610 S BOULEVARD TAMPA FL 33606	ZIP CODE

FEC FO	rm 1 (Revised	d 02/2009)			Page 4
Full Name of Designated Agent	ROBERT I	WATKINS	1 1 1 1 1		1 1 1 1 1
Mailing Address	6	610 S BOULEVARD			
		TAMPA	FL STATE	33606 Z	IP CODE
Title or Position ASSISTANT T			ımber8	313 - 25	54 - 3369
Banks or Othe	or Donocitori			funds holds	accounts, rents
safety deposit	boxes or mair	es: List all banks or other depositories in which the commi tains funds.	ittee deposits	Turius, Tiolus	
safety deposit Name of Bank,	boxes or mair	ntains funds.	ittee deposits	Turius, Tiolus	
safety deposit	Depository, e	ntains funds.	itee deposits	lulius, noius	
safety deposit	Depository, 6	atains funds.	ittee deposits	lulius, noids	
safety deposit Name of Bank,	Depository, 6	etc.	ittee deposits	lulius, riolus	
safety deposit Name of Bank,	Depository, 6	etc.	tree deposits	22302	
safety deposit Name of Bank,	Depository, 6	atains funds. S FARGO BANK 1711 FERN STREET		22302	IIP CODE
safety deposit Name of Bank,	Depository, e	atains funds. S FARGO BANK 1711 FERN STREET ALEXANDRIA CITY	VA	22302	
safety deposit Name of Bank, Mailing Addres	Depository, e	atains funds. S FARGO BANK 1711 FERN STREET ALEXANDRIA CITY	VA	22302	
safety deposit Name of Bank, Mailing Addres	Depository, e	atains funds. S FARGO BANK 1711 FERN STREET ALEXANDRIA CITY	VA	22302	
Name of Bank, Mailing Addres Name of Bank,	Depository, e	atains funds. S FARGO BANK 1711 FERN STREET ALEXANDRIA CITY Petc. ANK OF TAMPA	VA STATE	22302 	
Name of Bank, Mailing Addres Name of Bank,	Depository, e	atains funds. S FARGO BANK 1711 FERN STREET ALEXANDRIA CITY Petc. ANK OF TAMPA	VA	22302	

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 5 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. VIRGIŅIA ÇOMMUNITY BANK 11260 ROGER BACON DR Mailing Address 20190 RESTON CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Mailing Address **CITY** STATE . ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number