

FEC FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

L i z b e t h B e n a c q u i s t o f o r C o n g r e s s

ADDRESS (number and street)

6 1 0 S . B o u l e v a r d

(Check if address is changed)

T a m p a F L 3 3 6 0 6 -

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

n w a t k i n s @ r o b e r t w a t k i n s . c o m

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

N o n e

2. DATE

0 2 / 0 3 / 2 0 1 4

3. FEC IDENTIFICATION NUMBER

C

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

*Nancy H. Watkins*

Date

0 2 / 0 3 / 2 0 1 4

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 Use Only

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

FEC FORM 1 (Revised 02/2009)

14031174804

5. 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 of Candidate L i z b e t h B e n a c q u i s t o

Candidate Party Affiliation  R E P Office Sought:  House  Senate  President State  F L District  1 9

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

- (d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C

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Write or Type Committee Name

Lizbeth Benacquisto for Congress

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

N o n e

Mailing Address

[Empty address fields]

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

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

N a n c y H . W a t k i n s

Mailing Address

6 1 0 S . B o u l e v a r d

[Empty address line]

T a m p a F L 3 3 6 0 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

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

N a n c y H . W a t k i n s

Mailing Address

6 1 0 S . B o u l e v a r d

[Empty address line]

T a m p a F L 3 3 6 0 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

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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 l e v a r d

T a m p a F L 3 3 6 0 6 -

CITY

STATE

ZIP CODE

Title or Position

A s s i s t a n t T r e a s u r e r

Telephone number

8 1 3 - 2 5 4 - 3 3 6 9

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 h e B a n k o f T a m p a

Mailing Address

6 0 1 B a y s h o r e B l v d .

T a m p a F L 3 3 6 0 6 -

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

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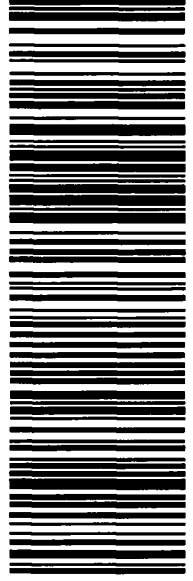
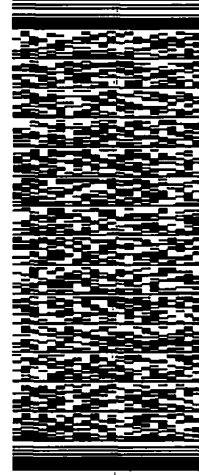
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 PREPARER  
 (8/2013)

*2/4/14*  
 DATE PREPARED

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