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FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12 BEAMS

Friends of Connie Mack

ADDRESS (number and street) 5100 S. Cleveland Avenue

(Check if address is changed)

Suite 318, PMB 388

Port Myers FL 33907

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
mwatkins@robertwatkins.com

COMMITTEE'S WEB PAGE ADDRESS (URL)
None

COMMITTEE'S FAX NUMBER
813 253 3280

2. DATE 10 OCT 2003

3. FEC IDENTIFICATION NUMBER

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 [Handwritten Signature] Date 10 OCT 2003

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.

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a precept campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a precept campaign committee. (Complete the candidate information below.)

Name of Candidate: Connie Mack

Candidate Party Affiliation: R D
 Office Sought: House Senate President
 State: FL
 District: 14

- (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

None

Mailing Address: _____

 CITY STATE ZIP CODE

Relationship: _____

Type of Connected Organization:

- Corporation
- Corporation with Capital Stock
- Labor Organization
- Membership Organization
- Trade Association
- Cooperative

Write or Type Committee Name

Friends of Connie Mack

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: 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: Treasurer
 Telephone number: 813-254-3369

Full Name of Designated Agent: Robert T. Watkins
 Mailing Address: 610 S. Boulevard
 Tampa FL 33606
 Title or Position: 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

The Bank of Tampa

Mailing Address

601 S. Bayshore

Tampa FL 33606

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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