FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Keep Florida Red 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 2020 C00737197 FEC IDENTIFICATION NUMBER > 3. 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, Nancy, H.,, Type or Print Name of Treasurer Watkins, Nancy, H.,, [Electronically Filed] 01 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

Local 202-694-1100

FI	FC Fo	rm 1 (Revised 02/2009)	Page 2		
TYPE	OF C	OMMITTEE	1 4go 2		
Cano	didate	Committee:			
(a)	Ш	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 Candi					
Candid Party	date Affiliati	Office Sought: House Senate President	State		
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.			
Name Candid					
Party	y Con	nmittee:			
(d)		· · · · · · · · · · · · · · · · · · ·	(Democratic, Republican, etc.) Party.		
Politi	ical A	ction Committee (PAC):			
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	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)	x	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	gregated 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.)			
Joint	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.	FEC ID number			
	3.	FEC ID number			
	4.				

FEC Form 1 (Revised Write or Type Committee Nar		Page 3
Keep Florida R		
•	NGU I Organization, Affiliated Committee, Joint Fundraising Representative, or	Landorchin BAC Spansor
-	organization, Anniated Committee, John Fundraising Representative, or	Leadership FAC Sportson
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connect	ted Organization Affiliated Committee Joint Fundraising Representative	e Leadership PAC Sponsor
. Custodian of Records: Id books and records.	lentify by name, address (phone number optional) and position of the pers	on in possession of committee
	, Nancy, H., ,	1
Full Name	610 S. Boulevard	
Mailing Address		
	Tampa , FL ,	33606
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 813	3369
3. Treasurer: List the name a any designated agent (e.g.,	and address (phone number optional) of the treasurer of the committee; ar , assistant treasurer).	nd the name and address of
Full Name Watkins, of Treasurer	, Nancy, H., ,	
	610 S. Boulevard	
Mailing Address		
	Tampa	33606
	CITY STATE	ZIP CODE
Title or Position Treasurer		

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Full Name of Designated Agent	Watkins, Robert, I., ,					
Mailing Address	610 S. Boulevard					
	Tampa FL 33606 CITY STATE Z					
Title or Position Assistant Treasu	urer Telephone number 813 - 2:	54 - 3369				
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 Bayshore Blvd.					
	Tampa FL 33606					
	CITY STATE Z	ZIP CODE				
Name of Bank, [Depository, etc.					
Mailing Address						
	CITY STATE Z	ZIP CODE				