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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) David Rivera for Congress 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) www.davidrivera.org (Check if address is changed) DATE 02 2014 C00477356 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 Type or Print Name of Treasurer Nancy H. Watkins [Electronically Filed] 05 02 2014 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
				Toll Free 800-424-9530
	Only			Local 202-694-1100

F	EC Fo	rm 1 (Revised 02/2009)	Page 2	
		OMMITTEE		
Can	didate	e Committee:		
(a)	X	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. (Cominformation below.)	plete the candidate	
Name Cand		David Rivera		
Cand Party	lidate Affiliati	on REP Office Sought: X House Senate President	State FL District 26	
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.		
Name Cand				
Part	y Con	nmittee:	(D	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.	
Poli	tical A	action Committee (PAC):		
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor-	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)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund 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.)		
Join	t Fund	draising Representative:		
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo 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.	vo or more political	
	Com	mittees Participating in Joint Fundraiser		
	1.			
	2.			
	3.			
	4.			

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Write or Type Committee Na		J
David Rivera f	or Congress	
	d Organization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Representa	ative Leadership PAC Sponsor
. Custodian of Records: Id books and records.	dentify by name, address (phone number optional) and position of the po	erson in possession of committee
· ·	H. Watkins	
Full Name	610 S. Boulevard	
maming / taareee		
	Tampa FL	33606
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	3369
Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; ., assistant treasurer).	and the name and address of
Full Name Nancy H	1. Watkins	
Mailing Address	610 S. Boulevard	
	[Tampa FL]	33606
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	3369

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Full Name of Designated F Agent	Robert I. Watkins		
Mailing Address	610 S. Boulevard		
	Tampa CITY	STATE	33606 ZIP CODE
Title or Position Assistant Treasure	r Tele	phone number 813	254 3369
safety deposit boxe Name of Bank, Dep	epositories: List all banks or other depositories in which the sor maintains funds. pository, etc. The Bank of Tampa	ne committee deposits fund	ls, holds accounts, rents
Mailing Address	601 Bayshore Blvd.		
	Tampa	FL S	33606
	CITY	STATE	ZIP CODE
Name of Bank, Dep	pository, etc.		
L			
Mailing Address			
	CITY	STATE	