

13 SEP 11 AM 11:47

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.

12FE4M5

Annette Bosworth, M.D. for U.S. Senate

ADDRESS (number and street) 2601 S. Minnesota Avenue

(Check if address is changed)

Suite 105-129

Sioux Falls SD 57105

CITY STATE ZIP CODE

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

(Check if address is changed)

nwatkins@robertwatkins.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.BosworthForSenate.com

2. DATE 08 / 28 / 2013

3. FEC IDENTIFICATION NUMBER

C C00547539

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

Date

08 / 29 / 2013

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)

13020402106

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 Dr. Annette Bosworth

Candidate Party Affiliation REP Office Sought: House Senate President State SD District

- (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	<input type="checkbox"/> _____
2.	_____	FEC ID number	<input type="checkbox"/> _____
3.	_____	FEC ID number	<input type="checkbox"/> _____
4.	_____	FEC ID number	<input type="checkbox"/> _____

13020402107

Write or Type Committee Name

Annette Bosworth, M.D. for U.S. Senate

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

NONE

Mailing Address

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 Nancy H. Watkins

Mailing Address 610 S. Boulevard

Tampa

FL

33606

Title or Position

CITY

STATE

ZIP CODE

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

CITY

STATE

ZIP CODE

Telephone number

813

254

3369

13020402108

Full Name of Designated Agent Robert I. Watkins

Mailing Address 610 S. Boulevard

[Empty address line]

Tampa FL 33606

CITY STATE ZIP CODE

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.

Wells Fargo Bank

Mailing Address 1801 S. Minnesota Avenue

[Empty address line]

Sioux Falls SD 57105

CITY STATE ZIP CODE

Name of Bank, Depository, etc.

The Bank of Tampa

Mailing Address 601 Bayshore Blvd.

[Empty address line]

Tampa FL 33606

CITY STATE ZIP CODE

13020402109

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SEP 09 2013

Secretary of the Senate
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SEP 09 2013

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Certified Public Accountants
610 South Boulevard
Tampa, Florida 33606

ROBERT
WATKINS
& COMPANY
01120402031

NANCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT
HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY
OFFICE OF PUBLIC RECORDS

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OVERNIGHT DELIVERY SERVICE:

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FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
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AIRBORNE EXPRESS	_____	<input type="checkbox"/>

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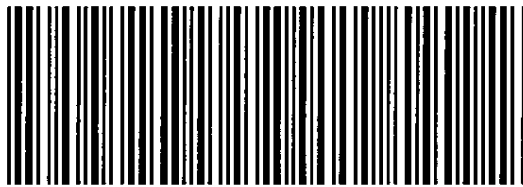
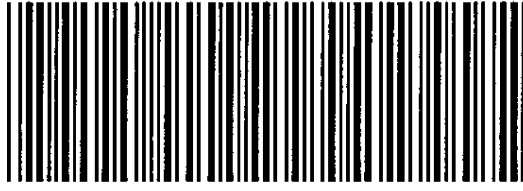
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PREPARER **DH** DATE PREPARED **9-11-13**

13020402111



13020402112