Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Reinier Congress 2020 45 S. Park Place ADDRESS (number and street) Box 17 (Check if address is changed) Morristown 07960 NJ 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.reiniercongress2020.com (Check if address is changed) DATE 04 2019 C00701250 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] 04 2019 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

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|--------------|-----------|--|--------------------------------------|
| | | COMMITTEE | |
| Can | | 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. (Compleinformation below.) | ete the candidate |
| Name Cand | | Prijten, Reinier, , , | |
| Cand | | on REP Sought: X House Senate President | State |
| Party | Affiliati | ion REP Sought: X House Senate President | District 11 |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Name Cand | | | |
| Part | y Con | nmittee: | |
| (d) | | | emocratic, publican, etc.) Party. |
| Polit | tical A | action Committee (PAC): | |
| (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization or line 6. | cted organization is a: |
| | | Corporation Corporation w/o Capital Stock | abor 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 segre committee. (i.e., nonconnected committee) | egated 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 | t Func | draising 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. | 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. | or more political |
| | Com | nmittees Participating in Joint Fundraiser | |
| | 1. | FEC ID number | |
| | 2. | FEC ID number C | |
| | 3. | FEC ID number C | |
| | 4. | | |

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| Write or Type Committee Name | 9 | |
| Reinier Congre | ss 2020 | |
| 6. Name of Any Connected (| Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders | ship PAC Sponsor |
| NONE | | |
| | | |
| | | |
| Mailing Address | | |
| | | |
| | | |
| | CITY STATE | ZIP CODE |
| Relationship: Connecte | d Organization Affiliated Committee Joint Fundraising Representative Le | eadership PAC Sponsor |
| | | |
| Custodian of Records: Idea books and records. | ntify by name, address (phone number optional) and position of the person in pos | ssession of committee |
| | Jones II | |
| Full Name | Nancy, H., , | |
| Mailing Address | 610 S. Boulevard | |
| | | |
| | Tampa FL 33606 | |
| Title or Position | CITY STATE | ZIP CODE |
| Treasurer | | 254 3369 |
| Treasurer: List the name an any designated agent (e.g., | d address (phone number optional) of the treasurer of the committee; and the na assistant treasurer). | ame and address of |
| Full Name Watkins, North Treasurer | lancy, H., , | |
| Mailing Address | 610 S. Boulevard | |
| | | |
| | Tampa | |
| Title or Position | CITY STATE | ZIP CODE |
| Treasurer | | 254 3369 |

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|---|--|----------------|
| | | |
| Full Name of Designated | Watkins, Robert, I., , | |
| Agent | CAO C. Devlacand | |
| Mailing Address | 610 S. Boulevard | |
| | | |
| | Tampa | |
| | CITY STATE | ZIP CODE |
| Title or Position Assistant Treas | | 254 - 3369 |
| safety denosit hi | Depositories: List all banks or other depositories in which the committee deposits funds, holds oxes or maintains funds. | |
| safety deposit be Name of Bank, | oxes or maintains funds. Depository, etc. The Bank of Tampa | |
| | oxes or maintains funds. Depository, etc. The Bank of Tampa 1601 Bayshore Blvd. | |
| Name of Bank, | oxes or maintains funds. Depository, etc. The Bank of Tampa 601 Bayshore Blvd. | |
| Name of Bank, | oxes or maintains funds. Depository, etc. The Bank of Tampa 1601 Bayshore Blvd. | |
| Name of Bank, | Depository, etc. The Bank of Tampa 601 Bayshore Blvd. Tampa FL 33606 | ZIP CODE |
| Name of Bank, | Depository, etc. The Bank of Tampa 601 Bayshore Blvd. Tampa FL 33606 CITY STATE | |
| Name of Bank, Mailing Address | Depository, etc. The Bank of Tampa 601 Bayshore Blvd. Tampa FL 33606 CITY STATE | |
| Name of Bank, Mailing Address | Depository, etc. The Bank of Tampa 601 Bayshore Blvd. Tampa CITY STATE Depository, etc. | |
| Name of Bank, Mailing Address Name of Bank, | Depository, etc. The Bank of Tampa 601 Bayshore Blvd. Tampa CITY STATE Depository, etc. | |
| Name of Bank, Mailing Address Name of Bank, | Depository, etc. The Bank of Tampa 601 Bayshore Blvd. Tampa CITY STATE Depository, etc. | |