Only

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STATEMENT OF **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. Roberts Daines Victory Committee 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 2019 C00726588 FEC IDENTIFICATION NUMBER > 3. X 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] 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

|             | FEC Fo                                       | rm 1 (Revised 02/2009)   | Page 2                                  |  |  |  |  |
|-------------|--|--|---|--|--|--|--|
|             | E OF COMMITTEE                               |  |   |  |  |  |  |
| Car         | ndidate                                      | 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. (Cominformation below.)  | plete the candidate                     |  |  |  |  |
| Nam<br>Cand | e of<br>didate                               |  |   |  |  |  |  |
|             | didate<br>/ Affiliation                      | Office<br>Sought: House Senate President   | State                                   |  |  |  |  |
| (c)         |  | This committee supports/opposes only one candidate, and is NOT an authorized committee.  | District                                |  |  |  |  |
| Nam<br>Cand | e of<br>didate                               |  |   |  |  |  |  |
| Par         | ty Con                                       | nmittee:   |   |  |  |  |  |
| (d)         |  |  | Democratic,<br>Republican, etc.) Party. |  |  |  |  |
| Poli        | tical 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)         |  | 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.)   |   |  |  |  |  |
| Join        | t 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                     |  |  |  |  |
|             | Committees Participating in Joint Fundraiser |  |   |  |  |  |  |
|             | 1.   |  | 91357                                   |  |  |  |  |
|             | 2.   | NRSC FEC ID number C C000  | 27466                                   |  |  |  |  |
|             | 3.   | PRESERVING AMERICA'S TRADITIONS (PATPAC) FEC ID number C C003  | 83869                                   |  |  |  |  |
|             | 4.   |  |   |  |  |  |  |

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|--|---|
| ·  |   |
| Victory Committee  |   |
| rganization, Affiliated Committee, Joint Fundraising Representative                      | e, or Leadership PAC Sponsor  |
|  |   |
| <u> </u>   |   |
|  |   |
|  |   |
|  |   |
| CITY STATE   | ZIP CODE  |
| Organization Affiliated Committee Joint Fundraising Represen                             | tative Leadership PAC Sponsor   |
| tify by name, address (phone number optional) and position of the                        | person in possession of committee   |
| ancy, H., ,  |   |
| 610 S. Boulevard   |   |
|  |   |
| Tampa FL L   | 33606   |
| CITY STATE   | ZIP CODE  |
| Telephone number   | 813 - 254 - 3369  |
| I address (phone number optional) of the treasurer of the committee ssistant treasurer). | e; and the name and address of  |
| ancy, H., ,  |   |
| 610 S. Boulevard   |   |
|  |   |
| Tampa FL   | 33606   |
| CITY STATE   | ZIP CODE  |
|  | CITY STATE  Organization Affiliated Committee Joint Fundraising Representify by name, address (phone number optional) and position of the ancy, H.,,  CITY STATE  CITY STATE  Telephone number optional) of the treasurer of the committees issistant treasurer).  Incy, H.,,  G10 S. Boulevard |

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|---|--------------------------------|---------------|--|--|--|--|
|   |                                |               |  |  |  |  |
| Full Name of<br>Designated<br>Agent   | Watkins, Robert, I., ,         |               |  |  |  |  |
| Mailing Address   | 610 S. Boulevard               |               |  |  |  |  |
|   | Tampa FL 33606  CITY STATE ZII | P CODE        |  |  |  |  |
| Title or Position Assistant Treast  | urer Telephone number          | 4 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 ZI                  | P CODE        |  |  |  |  |
| Name of Bank, [   | Depository, etc.               |               |  |  |  |  |
|   |                                |               |  |  |  |  |
| Mailing Address   |                                |               |  |  |  |  |
|   |                                |               |  |  |  |  |
|   |                                |               |  |  |  |  |
|   | CITY STATE ZI                  | P CODE        |  |  |  |  |