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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.

12PB4M5

Will McBride for U.S. Senate

ADDRESS (number and street)

P. O. Box 2953

(Check if address is changed)

Orlando

FL

32802

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

nwatkins@robertwatkins.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.mcbrideforenate.com

COMMITTEE'S FAX NUMBER

813 - 253 - 3280

2. DATE

05 / 30 / 2006

3. FEC IDENTIFICATION NUMBER ▶

C

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

05 / 30 / 2006

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 800-424-0530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (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 William "Will" McBride

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

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

None

Mailing Address _____

_____ - _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

26020360329

Write or Type Committee Name

Will McBride for U.S. Senate

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 CITY STATE ZIP CODE

Treasurer Telephone number 813 254 3369

Full Name of Designated Agent Robert I. Watkins

Mailing Address 610 S. Boulevard

Tampa FL 33606

Title or Position CITY STATE ZIP CODE

Assistant Treasurer Telephone number 813 254 3369

26020360330

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.

AmSouth Bank

Mailing Address

111 N. Orange Avenue

Orlando FL 32801

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

26020360331

INS
PANTY

Accountants
rd, Suite 100
606

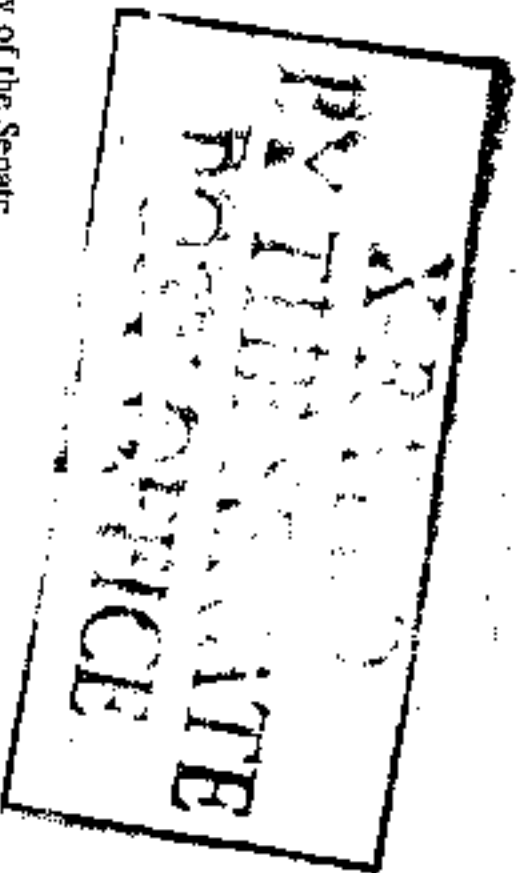


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6/12/06*



Secretary of the Senate
Office of Public Records
P. O. Box 5109
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United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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6/13/06

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