Only

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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) is changed) over the lines. Republican Operation to Secure and Keep a Majority 610 S. Boulevard ADDRESS (number and street) (Check if address is changed) 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 C00451294 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] 20 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				
		OMMITTEE					
	Indidate Committee:						
(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below.)					
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
	ne of didate						
	didate y Affiliatio	Office Sought: House Senate President	State				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District				
	ne of didate						
Par	Party Committee:						
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party.				
Pol	itical A	ction Committee (PAC):					
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cont	nected organization is a				
		Corporation Corporation w/o Capital Stock	Labor Organization				
		Membership Organization Trade Association	Cooperative				
(5)		In addition, this committee is a Lobbyist/Registrant PAC.					
(f) This committee supports/opposes more than one committee. (i.e., nonconnected committee)		This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fulld of party				
		In addition, this committee is a Lobbyist/Registrant PAC.					
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Joir	nt 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				
	Com	Committees Participating in Joint Fundraiser					
	1.	FEC ID number					
	2.	FEC ID number					
	3.	FEC ID number					
	4.						

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W	/rite or Type Committee Nam				<u> </u>
F	Republican Op	eration to Secure ar	nd Keep a Mai	ority	
6.	<u> </u>	Organization, Affiliated Committee, Jo			ership PAC Sponsor
D	oskam Victory Comr				
	oskam victory Com				
L					
	Mailing Address	610 S. Boulevard			
	Ç				
		Tampa	FL	. 33606	
		CITY	STA	LLI ATF	ZIP CODE
	_	_	_	_	
	Relationship: Connecte	d Organization Affiliated Committee	✗ Joint Fundraising Repr	esentative	Leadership PAC Sponsor
	Custodian of Records: Ide books and records.	ntify by name, address (phone number	optional) and position of	the person in	possession of committee
		None, II			
	Full Name	Nancy, H., ,			
	Mailing Address	610 S. Boulevard			
	Ç	1			1
		Tampa	FL	33600	3
	Title or Position	CITY	STAT	Ē	ZIP CODE
	Treasurer		Telephone number	813	254 3369
			relephene number		
3.		nd address (phone number optional)	of the treasurer of the comi	mittee; and the	name and address of
	any designated agent (e.g.,	assistant treasurer).			
	Full Name Watkins, Note Treasurer	Nancy, H., ,			
	Mailing Address	610 S. Boulevard			
		Tampa		L 33606	
	T0 8 9	CITY	STAT	<u> </u>	ZIP CODE
	Title or Position Treasurer	1	Telephone number	813	254 3369
			reiepriorie riurribei		

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Full Name of Designated Agent	esignated Watkins, Robert, I., ,						
Mailing Address	610 S. Boulevard						
	Tampa FL 33606 CITY STATE ZIF	P CODE					
Title or Position Assistant Treasu	urer Telephone number 816 254	3369					
safety deposit bo	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	P. O. Box 1						
	Tampa FL 33601						
	CITY STATE ZIF	P CODE					
Name of Bank, D	Depository, etc.						
Mailing Address							
	CITY STATE ZIF	P CODE					