

FEC FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Richard L. Waitkins for Congress

ADDRESS (number and street)

PO Box 1146

(Check if address is changed)

Chapel Hill NC 27514

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

richardwaitkins@richardlwaitkins.com

Optional Second E-Mail Address

cbaisiediebina@richardlwaitkins.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

richardlwaitkins.com

2. DATE

07 01 2017

3. FEC IDENTIFICATION NUMBER

C00654103

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

Ann Chase Debraun

Signature of Treasurer

Ann Chase Debraun

Date

03 16 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.

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 06/2012)

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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 Richard L Watkins

Candidate Party Affiliation Dem Rep Ind Other

Office Sought: House Senate President

State N.C. Ala. Ark. Cal. Colo. Conn. Del. Fla. Ga. Hawaii Idaho Ill. Ind. Iowa Kan. Ky. La. Maine Md. Mass. Mich. Minn. Miss. Mo. Mont. Neb. Nev. N.H. N.J. N.M. N.Y. N.C. N.D. Ohio Okla. Ore. Pa. Rhode Is. S.C. S.D. Tenn. Tex. Utah Vt. Va. Wash. W.V. Wisc. Wyo.

District 04 01 02 03 05 06 07 08 09

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

2010-01-01 10:00:00 AM

Write or Type Committee Name

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

[Empty grid lines for city, state, and zip code]

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.

(Treasurer)

Full Name

[Empty grid lines for full name]

Mailing Address

[Empty grid lines for mailing address]

[Empty grid lines for city, state, and zip code]

Title or Position

CITY

STATE

ZIP CODE

[Empty grid lines for title or position]

Telephone number

[Empty grid lines for telephone number]

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

Dwaine Chiaise Debiniam

Mailing Address

2001 Puripile Leaf Place

[Empty grid lines for mailing address]

Karibia [Empty grid lines for city]

CITY

STATE *WI*

ZIP CODE *53110-2383*

Title or Position

Treasurer

Telephone number

(918) 421-5115

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Full Name of Designated Agent

Mailing Address

CITY

STATE

ZIP CODE

Title or Position

Telephone number

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.

Mechanics & Farmers Bank

Mailing Address

12105 Durham-Chapel Blvd

Durham

NC

27707

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

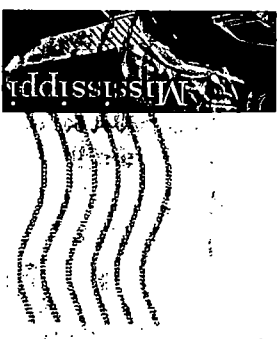
ZIP CODE

2001000100 W.D. 0101000100

Richard L. Watkins for Congress
PO Box 1146
Chapel Hill, NC 27514

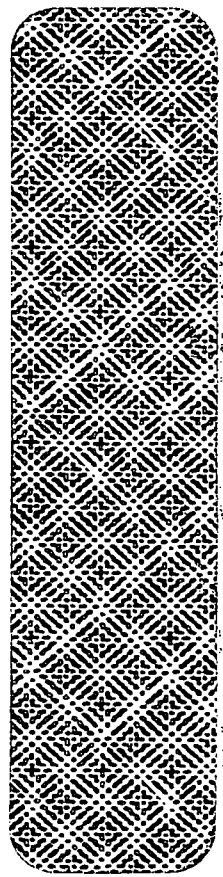
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RALEIGH NC 275
Research Triangle Region
20 MAR 2018 PM 4 L

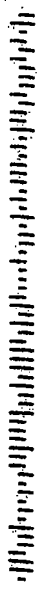


Federal Election Commission
1050 First Street NE
Washington, D.C. 20463

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<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

PREPARER *MP*

(3/2015)

3/26/2018

DATE PREPARED

20180326 10:00:00 AM