

FEC
FORM 1

**STATEMENT OF
ORGANIZATION**

SECRETARY OF THE SENATE

11 MAY 1 AM 11:56

SECRETARY OF THE SENATE

11 MAY 1 AM 11:56

Office Use Only

1. NAME OF
COMMITTEE (in full)



(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

T o w n s e n d f o r S e n a t e

ADDRESS (number and street)

P . O . B o x 4 2 5

(Check if address
is changed)

C o r n w a l l

N Y

1 2 5 1 8 -

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address
is changed)

n w a t k i n s @ r o b e r t w a t k i n s . c o m

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

w w w . t o w n s e n d f o r n e w y o r k . c o m

2. DATE

MM / DD / YY
05 / 02 / 2011

3. FEC IDENTIFICATION NUMBER

C 0 0 4 8 2 2 1 6

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

Nancy H. Watkins

Date

MM / DD / YY
05 / 02 / 2011

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 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

11020204450

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

J a y T o w n s e n d

Candidate Party Affiliation

R E P

Office Sought:

House

Senate

President

0 0
N YState
District

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

Name of Candidate

J a y T o w n s e n d

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:

<input type="checkbox"/> Corporation	<input type="checkbox"/> Corporation w/o Capital Stock	<input type="checkbox"/> Labor Organization
<input type="checkbox"/> Membership Organization	<input type="checkbox"/> Trade Association	<input type="checkbox"/> Cooperative
<input type="checkbox"/> 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)

<input type="checkbox"/> In addition, this committee is a Lobbyist/Registrant PAC.
<input type="checkbox"/> 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 C
2. FEC ID number C
3. FEC ID number C
4. FEC ID number C

Write or Type Committee Name

Townsend for Senate

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

[REDACTED]

N o n e [REDACTED]

Mailing Address

[REDACTED]

[REDACTED]

[REDACTED] - [REDACTED]

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.

Full Name Nancy H. Watkinson [REDACTED]

Mailing Address 610 S. Boul evard [REDACTED]

[REDACTED]

Tampa [REDACTED] F.L. [REDACTED] 33606- [REDACTED]

Title or Position

CITY

STATE

ZIP CODE

Treasurer [REDACTED] Telephone number 813-254-3369 [REDACTED]

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. Watkinson [REDACTED]

Mailing Address 610 S. Boul evard [REDACTED]

[REDACTED]

Tampa [REDACTED] F.L. [REDACTED] 33606- [REDACTED]

CITY

STATE

ZIP CODE

Title or Position

Treasurer [REDACTED] Telephone number 813-254-3369 [REDACTED]

Full Name of

Designated

Agent

R o b e r t I . W a t k i n s

Mailing Address

6 1 0 S . B o u l e v a r d

T a m p a F L 3 3 6 0 6 -

CITY

STATE

ZIP CODE

Title or Position

A s s i s t a n t T r e a s u r e r

Telephone number

8 1 3 - 2 5 4 - 3 3 6 9

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.

T h e B a n k o f T a m p a

Mailing Address

6 0 1 B a y s h o r e B l v d .

T a m p a F L 3 3 6 0 6 -

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

T
KINS
COMPANY

Accountants
evard
33606

CERTIFIED MAIL™



7010 2780 0003 4310 1104



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cn

5/9

Secretary of the Senate
Office of Public Records
P. O. Box 2517
Alexandria, VA 22301-0517

**SCREENED
BY THE SENATE
POST OFFICE**

11020204454

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED

Date of Receipt

USPS FIRST CLASS MAIL

Postmark

USPS REGISTERED/CERTIFIED

05-06-11

Postmark

USPS PRIORITY MAIL

Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL

Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS

UPS

DHL

AIRBORNE EXPRESS

RECEIVED FROM FEDERAL ELECTION COMMISSION

Date of Receipt

POSTMARK ILLEGIBLE

NO POSTMARK

FAX

Date of Receipt

OTHER

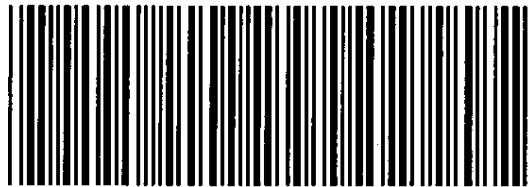
Date of Receipt or Postmark

PREPARER

R.D.

DATE PREPARED

05-11-11



11020204456

