Only

STATEMENT OF

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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. Jackie Toledo for Congress 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 mwatkins@robertwatkins.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.JackieToledo4Congress.com (Check if address is changed) DATE 08 2022 C00807982 FEC IDENTIFICATION NUMBER 3. 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] 03 08 2022 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

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		OMMITTEE • Committee:	
(a)	x	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. (Com	
Name Candi		information below.) Toledo, Jackie, , ,	
Candid Party	date Affiliatio	on REP Office Sought: X House Senate President	State FL District 15
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candid			
Party	y Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Politi	ical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:
		Corporation Wo 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 s committee. (i.e., nonconnected committee)	egregated 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.)	
Joint	Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.		
	2.	FEC ID number	
	3.		
	4.		

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Write or Type Committee I		
Jackie Toledo	o for Congress	
	ted Organization, Affiliated Committee, Joint Fundraising Representative, or L	eadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conn	nected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: books and records. 	: Identify by name, address (phone number optional) and position of the perso	n in possession of committee
	ins, Nancy, H., ,	
Full Name	610 S. Boulevard	
Mailing Address		
	Tampa FL 3	33606
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 813	
Treasurer: List the nam any designated agent (e	ne and address (phone number optional) of the treasurer of the committee; and e.g., assistant treasurer).	the name and address of
Full Name Watki of Treasurer	ins, Nancy, H., ,	
Mailing Address	610 S. Boulevard	
		33606
Title or Position Treasurer	CITY STATE 813	ZIP CODE
	Telephone number	

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Full Name of Designated Agent	Watkins, Michael, I., ,	1 1 1 1
Mailing Address	610 S. Boulevard	
	Tampa FL 33606	
Title or Position	urer	CODE 3369
, Joseph Heast	urer	
	Depositories: List all banks or other depositories in which the committee deposits funds, holds access or maintains funds. Depository, etc. The Bank of Tampa	ccounts, rents
safety deposit bo	Depository, etc. The Bank of Tampa	ccounts, rents
safety deposit bo	oxes or maintains funds. Depository, etc.	ccounts, rents
safety deposit bo Name of Bank, [The Bank of Tampa 601 Bayshore Blvd.	ccounts, rents
safety deposit bo Name of Bank, [Depository, etc. The Bank of Tampa	ccounts, rents
safety deposit bo Name of Bank, [Tampa Tampa FL 33606	ccounts, rents
safety deposit bo Name of Bank, [Tampa CITY STATE ZIF	
safety deposit bo Name of Bank, I	Tampa CITY STATE ZIF	
safety deposit bo Name of Bank, I	Depository, etc. The Bank of Tampa 601 Bayshore Blvd. Tampa CITY STATE ZIF Depository, etc.	
safety deposit bo Name of Bank, I Mailing Address	Depository, etc. The Bank of Tampa 601 Bayshore Blvd. Tampa CITY STATE ZIF Depository, etc.	
safety deposit bo Name of Bank, I Mailing Address	Depository, etc. The Bank of Tampa 601 Bayshore Blvd. Tampa CITY STATE ZIF Depository, etc.	