

**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

(See instructions)

Office Use Only

1. NAME OF COMMITTEE (In full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

Don Gessner for Congress

ADDRESS (Home or street) 3399 W. Pabble Beach Blvd.

(Check if address is changed) Lecanto FL 34461

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

nwatkins@robertwatkins.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 03 / 28 / 2002

3. FEC IDENTIFICATION NUMBER C00371013

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 Electronically Filed by Nancy H. Watkins Date 03 / 28 / 2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

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 Donald R. Gessner

Candidate Party Affiliation	REP	Office Sought:	<input checked="" type="checkbox"/> House	<input type="checkbox"/> Senate	<input type="checkbox"/> President	State	FL
						District	05

- (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

\_\_\_\_\_  
 \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship \_\_\_\_\_

Type of Connected Organization:

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

Write or Type Committee Name

**Don Gessner for Congress**

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 ▲

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 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

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.

SunTrust Bank

Mailing Address

1502 S.W. US Highway 19

Crystal River

FL

34429 -

CITY Δ

STATE Δ

ZIP CODE Δ

**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.

[ ADDITIONAL ]

Bank of Tampa

Mailing Address

P. O. Box 1

Tampa

FL

33601 -

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ ADDITIONAL ]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Designated Agent

[ ADDITIONAL ]

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Title or Position ▼

CITY ▲

STATE▲

ZIP CODE ▲

\_\_\_\_\_

Telephone number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_