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FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

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					<u>!</u>	office Co. My	AL CENTER
1. NAME OF COMMITTEE (in full)		(Check if name is changed)		nple:If typing, type the lines.	12FE4N	15	
$R_1G_1M_1$ $A_1d_1v_1i_1s_1o_1$	r s	PAC	<u> </u>	· · · · · · · · · · · · · · · · · · ·			لبيب
		11111				1111	
ADDRESS (number and street)	6 1	0 ₁ S ₁ . B ₁ o	u 1 6	v _l a _i r _l d _i i			ليبيا
(Check if address	سا		1.1.1				لىبىب
is changed)	Ta	m p a			F L	3 3 6 0 6	لىسا-ك
			CITY		STATE	ZIP (CODE
COMMITTEE'S E-MAIL ADDRES	SS (Plea	se provide only one e	-mail ade	dress)			
(Check if address	n w	a t k i n s @	o _l r _l o _l	b e r t w a t k	i n s .	C O m	
is changed)	L						
COMMITTEE'S WEB PAGE ADI	DRESS	(URL)					
		n e		111111	<u> </u>		
(Check if address is changed)							
2. DATE 0 8 0 4 2 0 1 1							
3. FEC IDENTIFICATION NU	JMBER	C	incention 3				
4. IS THIS STATEMENT	NE	W (N) OR	(F-1.2)	AMENDED (A)			
I certify that I have examined th	is State	ment and to the best	t of my	knowledge and belief i	t is true, corr	ect and complete	•
Type or Print Name of Treasure	, <u>Na</u>	ncy H. Watkins			· · · · · · · · · · · · · · · · · · ·	·	
Signature of Treasurer	and	D. (. tel teni)		Date 0	8 0 9	2 0 1 1
NOTE: Submission of talse, errone		•	-	eject the person signing		· ·	of 2 U.S.C. §437g.
Office Use Only				For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC F	•

	FEC FO	rm 1 (Revised 02/2009) . Page 2						
		OMMITTEE						
Car	COMP.	Committee:						
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)						
(p)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)						
	ne of didate							
	didate y Affiliatio							
1-1		District Linear Management of the control of the co						
(c)	لطا	This committee supports/opposes only one candidate, and is NOT an authorized committee.						
Nam Cand	e or didate							
Par	ty Con	nmittee:						
(d)		This committee is a (National, State (Democratic, Republican, etc.) Party.						
Poli	itical A	ction Committee (PAC):						
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:						
		Corporation w/o Capital Stock Labor Organization						
		Membership Organization Trade Association Cooperative						
		In addition, this committee is a Lobbyist/Registrant PAC.						
(f)	V	This committee supports/opposes more than one Fiederal 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.)						
Joir	nt Fund	Iraising 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 fedural 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.						
	Com	mittees Participating in Joint Fundraiser						
	1.							
	2.	FEC ID number						
	3.	FEC ID number C						
	4.							

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FEC Form 1 (Revised to	02/2009)	Page 3					
Write or Type Committee Name							
RGM Advisors PAC							
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	lership PAC Sponsor					
N o n e		<u> </u>					
Mailing Address							
		لــــا-لــــا					
	CITY STATE	ZIP CODE					
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor					
 Custodian of Records: Idea books and records. 	ntify by name, address (phone number optional) and position of the person in	possession of committee					
Full Name	c _l y _{i l} H _{l·l i} W _l a _l t _i k _i i _n s _{i lilililililililililililililililililil}						
Mailing Address	6,1,0, S,., B,o,u,1,e,v,a,r,d,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	T ₁ a ₁ m ₁ p ₁ a ₁ F ₁ L 3	3,6,0,6]-					
Title or Position	CITY STATE	ZIP CODE					
Trelasurer	Telephone number 8,1,3,-	2,5,4,-[3,3,6,9]					
8. Treasurer: List the name an any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	name and address of					
Full Name of Treasurer	C _I y _{I I} H _I . Wattkins to the second secon	لببببب					
Mailing Address	6, 1, 0, , S, ., , B, O, u, 1, e, v, a, r, d, , , , , , , , , ,	<u> </u>					
	CITY STATE	3, 6, 0, 6 ~ ZIP CODE					
Title or Position		. 2 5 4 - 3 3 6 9					
Treasurer	Telephone number 81113	المستنا السنايا					

FEC Form	1 (Revised 02/2009)	Page 4			
Full Name of Designated Agent	R o b e r t I				
Mailing Address	6,1,0,,S,.,B,O,u,1,e,v,a,r,d,,,,,,				
	T; a, m, p, a, , , , , , , , , , , , , , , , ,				
Title or Position	CITY STATE	ZIP CODE			
-	$\begin{bmatrix} a_1 n_1 t_1 & T_1 r_1 e_1 a_1 s_1 u_1 r_1 e_1 r_1 \end{bmatrix}$ Telephone number	8,1,3]-[2,5,4]-[3,3,6,9]			
· 					
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.					
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
ļ	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 ₁ a ₁ m ₁ p ₁ a ₁ F ₁	L 3,3,6,0,6 -			
	CITY STATE	ZIP CODE			
Name of Bank, Do	epository, etc.				
		1			
Mailing Address					
	<u> </u>				
	CITY STATE	ZIP CODE			
					

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt **Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS** Priority Mail Delivery Confirmation™ or Signature Confirmation™ Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark Shipping Date fed G Overnight Delivery Service (Specify): Next Business Day Delivery **Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): **PREPARER** DATE PREPARED

(3/2005)