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

Conservative Solutions PAC

ADDRESS (number and street)

610 S. Boulevard

(Check if address is changed)

Tampa FL 33606

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE’S E-MAIL ADDRESS

nwatkins@robertwatkins.com

(Check if address is changed)

Optional Second E-Mail Address

COMMITTEE’S WEB PAGE ADDRESS (URL)

www.conservativesolutionspac.com

(Check if address is changed)

2. DATE MM / DD / YYYY

02 / 24 / 2015

3. FEC IDENTIFICATION NUMBER ▶ C C00541292

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 [Electronically Filed] Date MM / DD / YYYY 02 / 24 / 2015

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.
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.)

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

Name of Candidate

Candidate Party Affiliation

Office Sought: [ ] House [ ] Senate [ ] President

State [ ]

District [ ]

(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 C [ ]
2. [ ] [ ] FEC ID number C [ ]
3. [ ] [ ] FEC ID number C [ ]
4. [ ] [ ] FEC ID number C [ ]
Write or Type Committee Name

Conservative Solutions PAC

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

NONE

Mailing Address

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Mailing Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nancy H. Watkins</td>
<td>610 S. Boulevard</td>
</tr>
<tr>
<td>City</td>
<td>FL</td>
</tr>
<tr>
<td>State</td>
<td>33606</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Mailing Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nancy H. Watkins</td>
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<td>FL</td>
</tr>
<tr>
<td>State</td>
<td>33606</td>
</tr>
</tbody>
</table>

Title or Position: Treasurer

Telephone number: 813 - 254 - 3369

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).

<table>
<thead>
<tr>
<th>Full Name of Treasurer</th>
<th>Mailing Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nancy H. Watkins</td>
<td>610 S. Boulevard</td>
</tr>
<tr>
<td>City</td>
<td>FL</td>
</tr>
<tr>
<td>State</td>
<td>33606</td>
</tr>
</tbody>
</table>

Title or Position: 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.

**The Bank of Tampa**

Mailing Address

601 Bayshore Blvd.

Tampa, FL 33606

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

<table>
<thead>
<tr>
<th>Full Name of Designated Agent</th>
<th>Robert I. Watkins</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
<td>610 S. Boulevard</td>
</tr>
<tr>
<td></td>
<td>Tampa, FL 33606</td>
</tr>
<tr>
<td>Title or Position</td>
<td>Assistant Treasurer</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>813-254-3369</td>
</tr>
</tbody>
</table>