

FEC
FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

11 OCT 18 AM 11:30

Office Use Only

1. NAME OF
COMMITTEE (in full)

☒ (Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

D a v i d C h r i s t i a n f o r U . S . S e n a t e

ADDRESS (number and street)

P . O . B o x 7 2 2

☐ (Check if address
is changed)

W a s h i n g t o n C r o s s i n g P A 1 8 9 7 7 -

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 . c h r i s t i a n 2 0 1 2 . o r g

2. DATE

0 9 / 3 0 / 2 0 1 1

3. FEC IDENTIFICATION NUMBER

C

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

1 0 / 0 8 / 2 0 1 1

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)

11020414712

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 D a v i d C h r i s t i a n

Candidate Party Affiliation R E P Office Sought: ☐ House ☒ Senate ☐ President State P A District

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

Name of Candidate

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:
- ☐ 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.	<u></u>	FEC ID number	<u>C</u>
2.	<u></u>	FEC ID number	<u>C</u>
3.	<u></u>	FEC ID number	<u>C</u>
4.	<u></u>	FEC ID number	<u>C</u>

11020414713

Write or Type Committee Name

David Christian for U.S. Senate Exploratory Committee

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

None

Mailing Address

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. Watkins

Mailing Address 610 S. Boulevard

Tampa FL 33606

Title or Position

CITY

STATE

ZIP CODE

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).

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

1102041471A

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.

B a n k o f A m e r i c a

Mailing Address

7 R o s z e l R o a d , 4 t h F l o o r

P r i n c e t o n N J 2 7 4 1 2 -

CITY

STATE

ZIP CODE

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

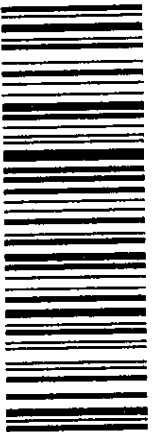
ZIP CODE

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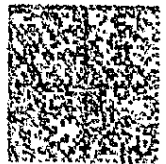
Accountants
ward
33606



7010 2780 0003 4310 1876

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

SCREENED
BY THE SENATE
POST OFFICE



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United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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10.13.11

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NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS _____

☐

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Date of Receipt

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NO POSTMARK ☐

FAX _____

Date of Receipt

OTHER _____

Date of Receipt or Postmark

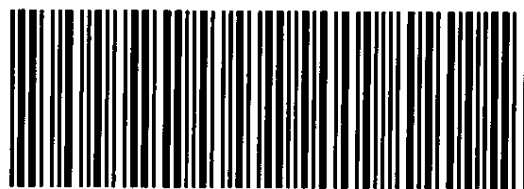
PREPARER

RD

DATE PREPARED

10.18.11

1102041A717



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